

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003109

FILED
Apr 27, 2005
Secretary of State

Entity Name: ELLIS ROAD INDUSTRIAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

455 GEMAIRE DR
MELBOURNE, FL 32904

New Principal Place of Business:

455 DISTRIBUTION DR.
MELBOURNE, FL 32904

Current Mailing Address:

455 GEMAIRE DR
MELBOURNE, FL 32904

New Mailing Address:

455 DISTRIBUTION DR
MELBOURNE, FL 32904

FEI Number: 20-1944552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S HARBOR CITY BLVD STE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

DAVIS, TOM K
455 DISTRIBUTION DRIVE
MELBOURNE, FL 32904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TOM K. DAVIS

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, TOM K
Address: 455 GEMAIRE DR
City-St-Zip: MELBOURNE, FL 32904

Title: PVST () Delete
Name: DAVIS, TOM K
Address: 455 GEMAIRE DR
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: MIORELLI, LUKE
Address: 7607 CORAL DR
City-St-Zip: W MELBOURNE, FL 32904

Title: D () Delete
Name: BRANDON, HARRY
Address: 1900 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: DAVIS, TOM K
Address: 455 DISTRIBUTION DR
City-St-Zip: MELBOURNE, FL 32904

Title: PVST (X) Change () Addition
Name: DAVIS, TOM K
Address: 455 DISTRIBUTION DR
City-St-Zip: MELBOURNE, FL 32904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM K DAVIS

MGR

04/27/2005

Electronic Signature of Signing Officer or Director

Date