


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006167	
1. Entity Name SANTA'S ELVES, INC.	

Principal Place of Business 308 N. JANICE LANE ORMOND BEACH, FL 32714	Mailing Address 308 N. JANICE LANE ORMOND BEACH, FL 32714
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3477500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HILL, BARBARA 308 N. JANICE LANE ORMOND BEACH, FL 32714	

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000182060 01/19/05-80012-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, BARBARA A 308 N. JANICE LANE ORMOND BEACH, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIX, STU 2668 FLOWING WELL RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YELVINGTON, IRA 308 N. JANICE LANE ORMOND BEACH, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Barbara Hill</u> BARBARA Hill	Date <u>Jan 12-05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	