

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90019 039 \*\*\*150.00

**DOCUMENT # P00000091908**



1. Entity Name

J-N ELLIOTT MANAGEMENT, INC.

Principal Place of Business  
160 REEF ROAD  
PALM BEACH FL 33480

Mailing Address  
160 REEF ROAD  
PALM BEACH FL 33480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1043943

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOTT, JOSEPH A  
160 REEF ROAD  
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ELLIOT, JOSEPH A  
STREET ADDRESS 160 REEF ROAD  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE VP ☐ Delete  
NAME ELLIOT, J A JR  
STREET ADDRESS 333 NW TUMBLE AVE  
CITY-ST-ZIP BEND OR 97701

TITLE VP ☐ Delete  
NAME ELLIOTT, P I  
STREET ADDRESS 505 OLIVE STREET  
CITY-ST-ZIP CHILLICOTHE OH 45601

TITLE VP ☐ Delete  
NAME ELLIOTT, B L  
STREET ADDRESS 266 WEYDON ROAD  
CITY-ST-ZIP WORTHINGTON OH 43085

TITLE VP ☐ Delete  
NAME ELLIOTT, AC  
STREET ADDRESS 87 WESTERN AVENUE  
CITY-ST-ZIP KENNEBUNK ME 04043

TITLE S ☐ Delete  
NAME ELLIOTT, NANCY L  
STREET ADDRESS 160 REEF ROAD  
CITY-ST-ZIP PALM BEACH FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☐ Addition  
NAME ELLIOTT, J.A. JR  
STREET ADDRESS 333 TUMBLE AVE  
CITY-ST-ZIP BEND OR 97701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/2006 651 844 3857