

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**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



02232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1043943  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ELLIOTT, JOSEPH A  
160 REEF ROAD  
PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ELLIOT, JOSEPH A
STREET ADDRESS	160 REEF ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	ELLIOT, J A JR
STREET ADDRESS	333 TUMALO AVE
CITY-ST-ZIP	BEND, OR 97701
TITLE	VP
NAME	ELLIOTT, P L
STREET ADDRESS	505 OLIVE STREET
CITY-ST-ZIP	CHILLICOTHE, OH 45601
TITLE	VP
NAME	ELLIOTT, B L
STREET ADDRESS	266 WEYDON ROAD
CITY-ST-ZIP	WORTHINGTON, OH 43085
TITLE	VP
NAME	ELLIOTT, AC
STREET ADDRESS	87 WESTERN AVENUE
CITY-ST-ZIP	KENNEBUNK, ME 04043
TITLE	S
NAME	ELLIOTT, NANCY L
STREET ADDRESS	160 REEF ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480

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03/23/07-80051-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

2-25-2007 5618443857  
Date Daytime Phone #