

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000003537

1. Entity Name
ELLIOTT BUILDERS, INC.



Principal Place of Business
**500 NE 61ST ST
FT LAUDERDALE, FL 33334**

Mailing Address
**500 NE 61ST ST
FT LAUDERDALE, FL 33334**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **58-2617194** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT, DONNIE J
500 NE 61ST ST
FT LAUDERDALE, FL 33334**

**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 reinstating)

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	ELLIOTT, DONNIE J
STREET ADDRESS	500 NE 61ST ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	V
NAME	ELLIOTT, JEFF L
STREET ADDRESS	5229 WHITEWING DR
CITY-ST-ZIP	RICHMOND, TX 77469
TITLE	S
NAME	ELLIOTT, ANNA L
STREET ADDRESS	500 NE 61ST ST,
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000733425
05/09/07-80081-025 150.00

**DO NOT WRITE
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: *Don Elliott - Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-20-07 754-235
6287*