

**2005 FOR PROFIT CORPORATION .
ANNUAL REPORT**

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FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000008320

1. Entity Name
ELLIS & ELLIS ENTERPRISES, INC.



Principal Place of Business
**1228 7 AVE S
ST PETERSBURG, FL 33733-2644**

Mailing Address
**1228 7 AVE S
ST PETERSBURG, FL 33733-2644**



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3700834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIS, BEN
1228 7 AVE S
ST PETERSBURG, FL 33733-2644**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME BING-ELLIS, ALTRELL
STREET ADDRESS 1228 SEVENTH AVENUE SO.
CITY-ST-ZIP SAINT PETERSBURG, FL 33705

TITLE D
NAME ELLIS, LORETTA
STREET ADDRESS 2571 COLUMBUS WAY SO.
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

28 May 05 (727) 8984158
Date Daytime Phone #