
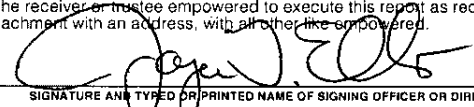


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90496 001 \*\*\*300.00

<b>DOCUMENT # P01000010394</b> 1. Entity Name <b>ELLIS LAND INVESTMENTS, INC.</b>					
Principal Place of Business <b>102 OLEANDER CIRCLE</b> <b>KEY LARGO, FL 33037</b>		Mailing Address <b>102 OLEANDER CIRCLE</b> <b>KEY LARGO, FL 33037</b>			
2. Principal Place of Business <b>101621 Overseas Highway</b> Suite, Apt. #, etc. <b>Key Largo, FL</b> City & State		3. Mailing Address <b>Same</b> Suite, Apt. #, etc. City & State			
Zip <b>33037</b>		Country <b>Monroe</b>		4. FEI Number <b>65-1071167</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ELLIS, JOYCE T</b> <b>102 OLEANDER CIRCLE</b> <b>KEY LARGO, FL 33037</b> <b>101621 Overseas Highway</b> <b>Key Largo, FL 33037</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>ELLIS, BILL C</b> <b>102 OLEANDER CIRCLE</b> <b>KEY LARGO, FL 33037</b> <b>506 Caribbean Dr.</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>ELLIS, JOYCE T</b> <b>102 OLEANDER CIRCLE</b> <b>KEY LARGO, FL 33037</b> <b>506 Caribbean Dr.</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			5-1-04 453-3669		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		