

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036352

Entity Name: TALLAHASSEE ELITE, INC.

FILED
Jul 24, 2004
Secretary of State

Current Principal Place of Business:

2860 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3298
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3714074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, ROBERT R
101 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, ASH
Address: 328 HAYDEN RD.
City-St-Zip: TALLAHASSEE, FL 32304

Title: DVTS () Delete
Name: FREEMAN, LOUIS B III
Address: 2860 INDUSTRIAL PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVTS (X) Change () Addition
Name: WHALEY, NICOLE P
Address: 2860 INDUSTRIAL PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE P. WHALEY

DVTS

07/24/2004

Electronic Signature of Signing Officer or Director

Date