

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90037 019 ***150.00

DOCUMENT # P01000044324

1. Entity Name
ELLIS, INC.



Principal Place of Business
**48 BRYNAL RD.
BURNT HILLS, NY 12027**

Mailing Address
**48 BRYNAL RD.
BURNT HILLS, NY 12027**

54009591



2. Principal Place of Business

860 WESLEY CIRCLE

3. Mailing Address

860 WESLEY CIRCLE #304

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State
APOPKA, FL

City & State
APOPKA, FL

4. FEI Number
59-3711335

Applied For
☐ Not Applicable

Zip
32703

Country
USA

Zip
32703

Country
USA

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

6. Name and Address of Current Registered Agent

**ELLIS, JODIE L
806 WESLEY CIR. #304
APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name
JODIE L. ELLIS
Street Address (P.O. Box Number is Not Acceptable)
860 WESLEY CIRCLE #304

City
APOPKA FL Zip Code
32703

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

Jodie L Ellis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
PSD
NAME
ELLIS, JODIE L
STREET ADDRESS
48 BRYNAL RD.
CITY-ST-ZIP
BURNT HILLS, NY 12027

☐ Delete

Added Change →

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSD
NAME
ELLIS, JODIE L.
STREET ADDRESS
860 WESLEY CIRCLE #304
CITY-ST-ZIP
APOPKA, FL 32703

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Jodie L Ellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

321.303.3236

Daytime Phone #