2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000091143

1. Entity Name
THE ELEPHANT MARKETPLACE INC.



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

4275 34TH STREET SOUTH ST. PETERSBURG, FL 33711 Mailing Address

4275 34TH STREET SOUTH ST. PETERSBURG, FL 33711



DO NOT WRITE IN THIS SPACE

ı.	FEI Number	Applied For
	59-3726301	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

JONN B. WHITWORTH 554 61ST. AVE. SOUTH SAINT PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE

No Chg-P

		i						
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	(applicable. (NOTE, Registered /	Agent a:gnature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEWORTH, JOHN 554 61ST. AVE. SO. SAINT PETERSBURG, FL 33705				U00000353606 05/03/05-80071-025 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILBUR, JOHN 2234 66TH AVENUE SOUTH SAINT PETERSBURG, FL 33712			•	· .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E WHITWOOD, EDWARD 554 51ST. AVE. SOUTH SAINT PETERSBURG, FL 33705			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

IGNTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mikoutul a culo

4/29/05

President

Daytime Phone #