

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90240 008 ***150.00

DOCUMENT # P01000121240 1. Entity Name ARCHER ELLISON, INC.					
Principal Place of Business 1307 MONTE LANE WINTER PARK, FL 32792			Mailing Address 1307 MONTE LANE WINTER PARK, FL 32792		
2. Principal Place of Business 6479 EVERINGHAM LN.		3. Mailing Address 6479 EVERINGHAM LN.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SANFORD, FL		City & State SANFORD, FL		4. FEI Number 01-0551071	
Zip 32771		Country SANFORD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ANGELO, ALLEN 1307 MONTE LANE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent - Name - D'ANGELO, ALLEN Street Address (P.O. Box Number is Not Acceptable) 6479 EVERINGHAM LN. City SANFORD FL Zip Code 32771		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P D'ANGELO, ALLEN 1307 MONTE LN WINTER PARK, FL 32792 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ANGELO, ALLEN 6479 EVERINGHAM LN. SANFORD, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/19/05 407 322-2352 <small>Date Daytime Phone #</small>		