

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000016034

1. Entity Name

ELLE CORPORATION, INC.



FILED

**Mar 23, 2005 8:00 am
Secretary of State**

03-23-2005 90040 027 ***150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address					
744 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176		744 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GILBERT, ELISABETH J.W. 4720 RIVERGLEN BLVD. PONCE INLET FL 32127				Name _____ Street Address (P.O. Box Number is Not Acceptable) 744 John Anderson Drive Ormond Beach, Florida City FL Zip Code 32176			

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only 744 John Anderson Drive Ormond Beach, Florida 32176
NAME	GILBERT, ELISABETH J.W.		
STREET ADDRESS	4720 RIVERGLEN BLVD.		
CITY-ST-ZIP	PONCE INLET FL 32127		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elisabeth J. W. Gilbert Mar 10 2005 (386)334-2227

Date

Daytime Phone #