

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048963

Entity Name: ELITE DISTINCTIONS, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

8770 CANOPY OAKS DR.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10151 DEERWOOD PARK BLVD.
BLDG 200, SUITE # 250-209
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 03-0449290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOSS, YOLINDA H
8770 CANOPY OAKS DR.
JACKSONVILLE, FL 32256 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: P/T () Delete
Name: DOSS, YOLINDA H
Address: 8770 CANOPY OAKS DR
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: P () Delete
Name: DOSS, ALPHONSO M
Address: 8770 CANOPY OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: HUNTER, ANTHONY D
Address: 812 EAST QUIVER ST
City-St-Zip: RULEVILLE, MS 38771 US

Title: D () Delete
Name: HUNTER, TIFFANY D
Address: 2029 LAKE PARK DRIVE, APT B
City-St-Zip: SMYRNA, GA 30080 US

Title: D () Delete
Name: HUNTER, SHIRLEY
Address: 812 EAST QUIVER ST
City-St-Zip: RULEVILLE, MS 38771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: YOLINDA H. DOSS

P

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date