


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104125 1. Entity Name JAMES B. ELSESSOR INC.	
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Principal Place of Business 161 SEBASTIAN BLVD 103 SEBASTIAN, FL 32958 US	Mailing Address 161 SEBASTIAN BLVD 103 SEBASTIAN, FL 32958 US
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DO NOT WRITE IN THIS SPACE



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1976354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELSESSOR, JAMES B 161 SEBASTIAN BLVD 103 SEBASTIAN, FL 32958
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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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000180698 05/17/04-80009-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ELSESSOR, JAMES B 161 SEBASTIAN BLVD, #103 SEBASTIAN, FL 32958
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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 persons empowered.

SIGNATURE: *James B. Elssor* **8/11/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #