


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 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 |
|---|---|



01112005 No Chg-P CR2E034 (10/03)

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|---|--|
| 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 | |

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| 6. Name and Address of Current Registered Agent ELSESSOR, JAMES B 161 SEBASTIAN BLVD 103 SEBASTIAN, FL 32958 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

| 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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04/27/05-80066-009 150.00

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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)(f), 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: James B. Ellessor J.B. ELSESSOR 4/25/05 772 589 0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #