


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90386 045 ***150.00

DOCUMENT # P02000113303					
1. Entity Name ELLS, INC.					
Principal Place of Business 1211 SW 17TH STREET OCALA, FL 34474			Mailing Address 9909 US HIGHWAY 441 LEESBURG, FL 34788		
2. Principal Place of Business		3. Mailing Address 8626 US Hwy 441			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Leesburg, FL		4. FEI Number 56-2298640	
Zip		Country		Applied For Not Applicable	
Zip 34788		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWOR, L.L. 15050 S.E. 140TH AVENUE ROAD WEIRSDALE, FL 32195			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: <i>Ella Padgett</i>				DATE: 4-12-05	
Signature, typed or printed name of registered agent, if applicable.				(NOTE: Registered Agent signature required when reinstating)	
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWOR, L.L.	NAME			
STREET ADDRESS	15050 S.E. 140TH AVENUE ROAD	STREET ADDRESS			
CITY-ST-ZIP	WEIRSDALE, FL 32195	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWOR, ANNA S	NAME			
STREET ADDRESS	15050 S.E. 140TH AVENUE ROAD	STREET ADDRESS			
CITY-ST-ZIP	WEIRSDALE, FL 32195	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADGETT, ELLA	NAME			
STREET ADDRESS	9909 U.S. HWY. 441	STREET ADDRESS	8626 US Hwy 441		
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	Leesburg, FL 34788		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Ella Padgett</i>				ELLA S. PADGETT 4-12-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	