

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000123101

1. Entity Name
ELRON SERVICE NETWORK, INC.

Principal Place of Business
**532 BAHIA CIRCLE TERRACE
OCALA, FL 34472**

Mailing Address
**532 BAHIA CIRCLE TERRACE
OCALA, FL 34472**



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1165879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**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**

11000000320939
04/21/05-80055-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLS, HECTOR L
STREET ADDRESS	532 BAHIA CIRCLE TERRACE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	MILLS, ELEANOR M
STREET ADDRESS	532 BAHIA CIRCLE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	MILLS, BERNADETTE M
STREET ADDRESS	11500 WESTWOOD BOULEVARD, #1424
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

HECTOR L. MILLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-05 352-687-1536
Date Daytime Phone #