

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 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**

**DO NOT WRITE IN THIS SPACE**



03222008 No Chg-P CRZE034 (11/05)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000525465  
05/04/06-80035-019 150.00**

**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 exemptions contained in Chapter 119, 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

**4-20-06 352-687-1536**  
Date Daytime Phone #