


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000132774 1. Entity Name ELKS LAND HOLDINGS, INC.		
Principal Place of Business 1625 PINE BLUFF AVENUE ORLANDO, FL 32806	Mailing Address 1625 PINE BLUFF AVENUE ORLANDO, FL 32806	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
5. Name and Address of Current Registered Agent TUKDARIAN & UNCAPHER, P.A. 228 HILLCREST STREET ORLANDO, FL 32801		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PT	
NAME	UNCAPHER, SUSANNE G	
STREET ADDRESS	1625 PINE BLUFF AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	VS	
NAME	UNCAPHER, KENNETH R	
STREET ADDRESS	1625 PINE BLUFF AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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>Kenneth R. Uncapher</i> 1/12/03 407-426-7886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3667997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/15/04-80025-009 150.00

**DO NOT WRITE
IN THIS SPACE**