

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046625

Entity Name: ELTON CANNON INC.

FILED  
Jan 10, 2004  
Secretary of State

## Current Principal Place of Business:

% BURKE CANNON  
900 W. SHERIDAN ST. STE 175  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

149 WEST MINSTER DR.  
TAVERNIER, FL 33070

## Current Mailing Address:

% BURKE CANNON  
900 W. SHERIDAN ST. STE 175  
PEMBROKE PINES, FL 33024

## New Mailing Address:

BURKE CANNON  
P.O. BOX 451  
TAVERNIER, FL 33070

FEI Number: 30-0169795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANNON, BURKE  
900 W. SHERIDAN ST.  
SATE 175  
PEMBROKE PINES, FL 33024

## Name and Address of New Registered Agent:

CANNON, BURKE E  
P.O. BOX 451  
TAVERNIER, FL 33070

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.

SIGNATURE: BURKE CANNON

01/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CANNON, BURKE  
Address: 900 W. SHERIDAN ST. STE 175  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CANNON, BURKE  
Address: 900 W. SHERIDAN ST. STE 175  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURKE CANNON

P

01/10/2004

Electronic Signature of Signing Officer or Director

Date