

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046625

Entity Name: ELTON CANNON INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

149 WEST MINSTER DR.
TAVERNIER, FL 33070

New Principal Place of Business:

775 SHOTGUN ROAD
SUNRISE, FL 33326

Current Mailing Address:

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

New Mailing Address:

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 E
P.O. BOX 451
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () 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: P.O. BOX 451
City-St-Zip: TAVERNIER, FL 33070

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 E. CANNON

P

04/14/2005

Electronic Signature of Signing Officer or Director

Date