## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Jan 12, 2006 8:00 am **Secretary of State DOCUMENT # P03000046644** 01-12-2006 90192 048 \*\*\*150.00 ELLIS PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 406 SPOTTED OWEL STREET 406 SPOTTED OWEL STREET SEBRING, FL 33872 SEBRING, FL 33872 3. Mailing Address 2. Principal Place of Business 2213 Woodbine Ave 2213 Woodbine Ave 01092006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State aheland 65-1185377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCOLLUM, JAMES F Street Address (P.O. Box Number is Not Acceptable) 129 SOUTH COMMERCE AVE SEBRING, FL 33870 City Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating i \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .10. 11. Change DP ☐ Addition TITLE ☐ Delete TITLE ELLIS, CARL M III NAME NAME 2213 Woodbine Are. 406 SPOTTED OWL ST STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP SEBRING, FL 33872 DVP ☐ Addition ☐ Delete TITLE TITLE ELLIS, ANGELA V NAME NAME 406 SPOTTED OWL ST STREET ADDRESS STREET ADDRESS CITY - ST- ZIP SEBRING, FL 33872 CITY-S1-7/P ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE . . ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLTY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 than appears in Block 10 or Block 11 if

FILED