

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000088232

1. Entity Name
ELTY ROTISSERIE & WRAPS, INC.



Principal Place of Business
**1555 SEMORAN BOULEVARD SUITE 1321
WINTER PARK, FL 32792**

Mailing Address
**1555 SEMORAN BOULEVARD SUITE 1321
WINTER PARK, FL 32792**



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2386746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NECKLES, KEN W
1585 ANN CATHRINE DRIVE
ORLANDO, FL 32828**

**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

Ken W Neckles **KEN W NECKLES**

4/28/05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **NECKLES, KEN W**
STREET ADDRESS **1585 ANNA CATHERINE DR.**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **CO**
NAME **NECKLES, CARMEN**
STREET ADDRESS **1585 ANNA CATHERINE DR.**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE
NAME
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ken W Neckles **KEN W NECKLES**

4/28/05

407
627-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #