

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90306 041 \*\*\*150.00

**DOCUMENT # P03000093289**

1. Entity Name

3E CORP



Principal Place of Business

710 PINE FOREST TRAIL E  
PORT ORANGE FL 32127

Mailing Address

710 PINE FOREST TRAIL E  
PORT ORANGE FL 32127

24062260



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5279 S. Nova Rd.

3. Mailing Address

683 Middlebury Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, Florida

City & State

New Smyrna Beach, FL

Zip

Country

32127

US

Zip

Country

32168

US

4. FEI Number

20-0179523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, PATRICIA  
710 PINE FOREST TRAIL E.  
PORT ORANGE FL 32127

Name

ELLIS, Patricia

Street Address (P.O. Box Number is Not Acceptable)

683 Middlebury Loop

City

FL

Zip Code

32168

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ELLIS, CLAYTON  
STREET ADDRESS 710 PINE FOREST TRAIL E.  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE P ☒ Change ☐ Addition  
NAME ELLIS, Clayton  
STREET ADDRESS 683 Middlebury Loop  
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE VTS ☐ Delete  
NAME ELLIS, PATRICIA  
STREET ADDRESS 710 PINE FOREST TRAIL E.  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VTS ☒ Change ☐ Addition  
NAME ELLIS, Patricia  
STREET ADDRESS 683 Middlebury Loop  
CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: Patricia Ellis, PATRICIA ELLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 (386)295-9315

Date

Daytime Phone #