2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102696



FILED Apr 14, 2004 8:00 am

ACEZ DAYSNOR BUT NE SI PETERSBURG, FL 33703 2. Principal Proce of Business Sulle, Apl. M. etc. Sulle, Apl. M. etc. Sulle, Apl. M. etc. Sulle, Apl. M. etc. O1062004 Chy A. State	1. Entity Name ELSTUN ENTERPRISES, INC.							Secretary of State 04-14-2004 90055 002 ***150.00				
Suite, Apt. #, etc. Application Sq. Applicatio	4621 BAYSHORE BLVD NE 4621 BAYSHORE BLVD NE							1 10 M (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	50160 filii 06111 18111 60	III 11217 BEILE 118	116 BHIS 18115 SI	
City & State	2. Principal Place of Business 3. Mailing				ling Address							
Zep Country Zp Country 5. Certificate of Status Desired \$3.75 Additional Fee Requisitor \$3.75 Additional \$3.75	Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062004	Chg-P	CR2E0	34 (10/03)	
So. Name and Address of Current Registered Agent. T. 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 Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators or registered agent, or both, in the State of Fiction. I can harmliser with, and accept rife cultiquators o	City & State			City &	City & State			١,		,		<u> </u>
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STRET ADDRESS OTH-ST-ZIP TITE NAME STRET ADDRESS OT		6. Name	end Address of Curren	t Registered	Agent			7Name and	Address of New F	Registered A	igent	. ~
The above named entity submits this statement for the purpose of changing lits registered algent, or both, in the State of Florida. I am familiar with, and accept it follows from the purpose of changing lits registered algent, or both, in the State of Florida. I am familiar with, and accept it follows from the purpose of changing lits registered algent, or both, in the State of Florida. I am familiar with, and accept it follows from the purpose of changing lits registered algent, or both, in the State of Florida. I am familiar with, and accept at the change of the purpose of changing lits registered algent, or both, in the State of Florida. I am familiar with, and accept a the change of the ch	4621 BAYSHORE BLVD NE											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. It an itemiliar with, and accept it foliginations of registered agent. SignATURE	V.					City	· .	 	FL	Zip Code		
After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 TILE DO DOFICERS AND DIRECTORS TILE DO DOUGLAS, BETH A 4621 BAYSHORE BLVD NE STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE				for the purpo	se of changing its r	egistere	ed office or registe	ered agent, or bot	h, in the State of Fi		amiliar with,	and accept
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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.