2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000104400

1. Entity Name
ELITE ENTERPRISES OF FLAGLER, INC.

Principal Place of Business	Mailing Address
209 S 15TH ST #4 FLAGLER BEACH, FL 32136	209 S 15TH ST #4 FLAGLER BEACH, FL 32136

2. Principal Place of Business *400 S. BAY STREET*

Suite, Apt. #, etc. *#215*

City & State *BUNNELL, FL*

Zip *32110* Country *USA*

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01172004 Chg-P CR2E034 (10/03)

4. FEI Number *20-0250701* — 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**
GHIRELLI, CHARLES 209 S 15TH ST #4 FLAGLER BEACH, FL 32136	Name Street Address (P.O. Box Number is Not Acceptable) City ___ **FL** ___ Zip Code

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

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	PSTD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GHIRELLI, CHARLES		NAME			
STREET ADDRESS	209 S 15TH ST #4		STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP			
TITLE	D	☑ Delete	TITLE		☐ Change	☐ Addition
NAME	YEVOLI, JOSEPH		NAME			
STREET ADDRESS	13 BLAKETOWN PLACE		STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SWANK, DONALD E		NAME			
STREET ADDRESS	204 2ND ST.		STREET ADDRESS			
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			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			
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 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: *Charles Ghirelli* — CHARLES GHIRELLI 01-17-04 386 503-6307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #