


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90007 012 ***150.00

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|---|---|
| DOCUMENT # P03000129942 |  |
| 1. Entity Name KENT S ELLERMETS INC | |

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| Principal Place of Business 4805 BOOKELIA CIRCLE BRADENTON, FL 34203 | Mailing Address 4805 BOOKELIA CIRCLE BRADENTON, FL 34203 |
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44049439



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|--|---|
| 2. Principal Place of Business 12412 Aster Ave | 3. Mailing Address 7282 55th AVE E #186 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

07192004 Chg-P CR2E034 (10/03)

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|-------------------------------------|-------------------------------------|
| City & State Bradenton FL | City & State Bradenton FL |
| Zip 34212 | Country USA |
| Zip 34203 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 20-0386209 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ELLERMETS, KENT S 4805 BOOKELIA CIRCLE BRADENTON, FL 34203 | |
| 7. Name and Address of New Registered Agent Name Kent S. Ellermetts Street Address (P.O. Box Number is Not Acceptable) 12412 Aster Ave. City Bradenton FL Zip Code 34212 | |

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: *Kent S. Ellermetts* DATE: 7/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ELLERMETS, KENT S 4805 BOOKELIA CIRCLE BRADENTON, FL 34203 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ELLERMETS, KENT S 12412 Aster Ave. Bradenton, FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kent S. Ellermetts* **Kent S. Ellermetts** 7-19-04 224-7224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #