

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90496 043 ***150.00

20053708



DOCUMENT # P03000145846 1. Entity Name ELITE EXTERIORS INC.			
Principal Place of Business 7763 MAC DOUGAL DR. JACKSONVILLE, FL 32244		Mailing Address 7763 MAC DOUGAL DR. JACKSONVILLE, FL 32244	
2. Principal Place of Business 157 NW Kelly Lake Ct Suite, Apt. #, etc.		3. Mailing Address 157 NW Kelly Lake Ct Suite, Apt. #, etc.	
City & State Lake City, FL Zip Country 32055 USA		City & State Lake City, FL Zip Country 32055 USA	
4. FEI Number 20-0465307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHANAN, TRAVIS L 7763 MAC DOUGAL DR. JACKSONVILLE, FL 32244		7. Name and Address of New Registered Agent Name Buchanan, Travis L. Street Address (P.O. Box Number is Not Acceptable) 157 NW Kelly Lake Ct. City Lake City FL Zip Code 32055	
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: <u><i>Travis Buchanan</i></u> president Travis Buchanan 4/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHANAN, TRAVIS L <input type="checkbox"/> Delete 7763 MAC DOUGAL DR. JACKSONVILLE, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Buchanan, Travis L. 157 NW Kelly Lake Ct Lake City, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete THORNTON, ANDREW W 7763 MAC DOUGAL DR. JACKSONVILLE, FL 32244	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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Bradford Smith 1014 Christie Ct. Macleenny, FL 32063
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
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: <u><i>Travis Buchanan</i></u> Travis Buchanan 4/30/05 (386) 623-3830 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			