## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jun 03, 2004 8:00 am Secretary of State DOCUMENT # P03000146350 06-03-2004 90004 017 \*\*\*150 00 ELLE CON RESIDENTIAL CONSTRUCTION, INC. Principal Place of Business Mailing Address 54056584 4204 W. BAY VISTA AVE. 4204 W. BAY VISTA AVE. TAMPA, FL 33611 TAMPA, FL 33611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05212004 CR2E034 (10/03) Chg-P 4. FEI Number 73 - 1688300 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75-Additional 5. Certificate of Status Désired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, LORI M Street Address (P.O. Box Number is Not Acceptable) 4204 W. BAY VISTA AVE. TAMPA, FL 33611 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, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent slonature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change Addition TITLE HALL, LORI M NAME NAME STREET ADDRESS 4204 W. BAY VISTA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP VP Delete TITLE ☐ Change ■ Addition TITLE HALL, LORI M NAME NAME STREET ADDRESS 4204 W. BAY VISTA AVE. STREET ADDRESS TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Thange: - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE 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 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

**FILED** 

ATTACHMENT # P03000146350

**Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

June 1, 2004

54056584

Lori Hall, President Elle Con Residential Construction, Inc. 4204 W. Bay Vista Ave. Tampa, FL 33611-1232

## Dear Sir/Madam

Please accept the enclosed check for \$150.00 for my corporation annual report. I was unaware of the requirement to file this form until my accountant discovered that I had not filed it. I am newly incorporated and have had no activity with the corporation other than start up expenses. My accountant said I should have received a notice to file this form, but I have no record of such notice.

Please forgive my oversight given my inexperience with corporate matters.

Sincerely,

Lori M. Hall, President

Elle Con Residential Construction, Inc.