


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90308 030 ***150.00

DOCUMENT # P03000156056 1. Entity Name TRACEY ELLEGIERS, INC.			
Principal Place of Business 9423 COMEAU ST GOTHA, FL 34734		Mailing Address 9423 COMEAU ST GOTHA, FL 34734	
2. Principal Place of Business 6943 Cross Cut Ct. Suite, Apt. #, etc.		3. Mailing Address 6943 Cross Cut Ct. Suite, Apt. #, etc.	
City & State Ocoee, FL Zip 34761		City & State Ocoee, FL Zip 34761	
Country USA		Country USA	
4. FEI Number 20-0544064		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 ELLEGIERS, TRACEY 9423 COMEAU ST GOTHA, FL 34734		7. Name and Address of New Registered Agent Name Ellegiers, Tracey Street Address (P.O. Box Number is Not Acceptable) 6943 Cross Cut Ct. City Ocoee	
State FL		Zip Code 34761	
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>Tracey Ellegiers</i></u> Owner 4/20/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PD ELLEGIERS, TRACEY 9423 COMEAU ST GOTHA, FL 34734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ellegiers, Tracey 6943 Cross Cut Court Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ellegiers, Tracey 6943 Cross Cut Court Ocoee, FL 34761	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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>Tracey Ellegiers</i></u> Tracey R. Ellegiers 4/20/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone # 407-297-1890	