



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Nov 03, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P04000008160					
1. Entity Name ELLISON SERVICES, INC.					
Principal Place of Business 4225 LAKE RICHMOND DR. ORLANDO, FL 32805			Mailing Address 4225 LAKE RICHMOND DR. ORLANDO, FL 32805		
REINSTATEMENT <u>05</u>					
					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07082005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 71-0962133	
				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				7. Name and Address of New Registered Agent	
VELMONTE, BENJAMIN V 283 CRANES ROOST BLVD. ALTAMONTE SPRINGS, FL 32701				Name DAVID W. SHERMAN	
				Street Address (P.O. Box Number is Not Acceptable) 4225 Lake Richmond Dr.	
				City Orlando FL Zip Code 32805	
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>David W. Sherman Sr.</u>				DATE 09-29-2005	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERMAN, DAVID W SR. 4225 LAKE RICHMOND DR. ORLANDO, FL 32805 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100060585971 10/13/05--01060--012 **150.00	
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	
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>David W. Sherman Sr.</u>				DATE 09-29-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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October 26, 2005

Florida Department of State
Division of Corporations
Tallahassee, FL 32314

Request for Abatement of Late Filing Fees

Dear Sir/Madam,

Please accept my enclosed 2005 For Profit Corporation Annual Report for my company Ellison Services, Inc. which I had filed on 9/27/05 instead of your deadline on 9/7/05. I have moved my books and records to a more secure room to avoid any hurricane related damages and I inadvertently lost the original form. I subsequently recovered it but by then, the deadline had passed.

Enclsd is the form that you returned to me. I had filled up the Federal Identification number on Line 4 and had signed as the new registered agent on Line 8.

Kindly file my form and forgive me the late fees. Thank you very much for your kind consideration and I will be aware of all these matters from now on.

Very Truly Yours,



David Sherman, Sr.
President, Ellison Services, Inc.