

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043251

1. Entity Name  
ELYSIAN CO. INC.



**FILED**  
**Jun 20, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
72 BOUNDARY BLVD  
UNIT 222  
ROTONDA WEST, FL 33947

Mailing Address  
72 BOUNDARY BLVD  
UNIT 222  
ROTONDA WEST, FL 33947



05032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1718146

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

YELICO, JAMES  
72 BOUNDARY BLVD UNIT 222  
ROTONDA WEST, FL 33947

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REILLY, ROBERT M 4640 POMPAÑO ST PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YELICO, JAMES A 72 BOUNDARY BLVD UNIT 222 ROTONDA W, FL 33947
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000000953278  
06/20/08-80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 title empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #