


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90059 013 ***150.00

DOCUMENT # P04000086265 1. Entity Name ELISE THORNLEY, INC.																																																			
Principal Place of Business 3487 WEST SAINT BRIDES CIRCLE ORLANDO, FL 32812		Mailing Address 3487 WEST SAINT BRIDES CIRCLE ORLANDO, FL 32812																																																	
2. Principal Place of Business 9242 Northlake Pkwy #113 Suite, Apt. #, etc.		3. Mailing Address 9242 Northlake Pkwy #113 Suite, Apt. #, etc.																																																	
City & State Orlando, Florida		City & State Orlando, Florida																																																	
Zip 32827		Zip 32827																																																	
Country USA		Country USA																																																	
4. FEI Number 20-1312480		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 THORNLEY, ELISE M 3487 WEST SAINT BRIDES CIRCLE ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9242 Northlake Pkwy #113 City Orlando FL Zip 32827																																																	
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>Elise M. Thornley</i></u> - Elise M. Thornley 2-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: If no Agent signature required when renewing) 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width:50%; padding: 2px;"> D THORNLEY, ELISE M 3487 WEST SAINT BRIDES CIRCLE ORLANDO, FL 32812 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORNLEY, ELISE M 3487 WEST SAINT BRIDES CIRCLE ORLANDO, FL 32812	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 9242 Northlake Pkwy #113 Orlando, Florida 32827 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9242 Northlake Pkwy #113 Orlando, Florida 32827	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <i>Elise M. Thornley</i> ELISE M. Thornley 2-15-05 701-0636 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																			