
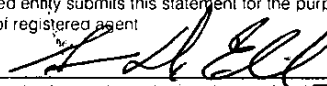
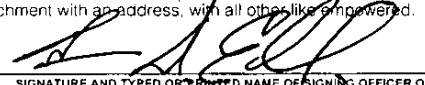


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90015 009 ***150.00

DOCUMENT # P04000098234			
1. Entity Name BRUCE D. ELLIS, P.A.			
Principal Place of Business 309 MARQUESAS CT MARCO ISLAND, FL 34145		Mailing Address 309 MARQUESAS CT MARCO ISLAND, FL 34145	
2. Principal Place of Business - No P.O. Box # 2396 KINGS LAKE BLVD		3. Mailing Address 2396 KINGS LAKE BLVD	
Suite, Apt #, etc 		Suite, Apt #, etc 	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34112		Zip 34112	
Country 		Country 	
4. FEI Number 16-1703029		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 ELLIS, BRUCE D 309 MARQUESAS CT MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name BRUCE D. ELLIS Street Address (P.O. Box Number is Not Acceptable) 2396 KINGS LAKE BLVD. City NAPLES FL Zip Code 34112	
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  BRUCE D ELLIS DATE 7-21-08 <small>Signature, typed or printed name of registered agent and live if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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	PS ELLIS, BRUCE D 309 MARQUESAS CT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ELLIS, BRUCE D 2396 KINGS LAKE BLVD NAPLES, FL 34112 <input checked="" 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
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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 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 like empowered.			
SIGNATURE: 		BRUCE D. ELLIS, PRES. (239) 394-5223 Date: 7-21-08 Daytime Phone:	