

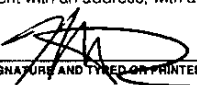


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 002 ***158.75

DOCUMENT # P04000124975 1. Entity Name ELITE CONSTRUCTION OF CENTRAL FLORIDA, INC.			
Principal Place of Business 7858 EAST GULF LAKE HWY INVERNESS, FL 34452 US		Mailing Address P. O. BOX 1180 FLORAL CITY, FL 34436 US	
2. Principal Place of Business 109 N. Apopka Ave.		3. Mailing Address P.O. Box 181	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Inverness, FL		City & State Floral City, FL	
Zip 34450		Zip 34436	
Country U.S.		Country U.S.	
4. FEI Number 20-1566687		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIZZA, MICHAEL A 8732 S. STEED TERRACE FLORAL CITY, FL 34436		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 109 N. Apopka Ave. City Inverness FL Zip Code 34450	
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 		DATE 3/22/05	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	P,S PIZZA, MICHAEL A 8732 S. STEED TERRACE FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 N. Apopka Ave. Inverness, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T PIZZA, BEVERLY J 8732 S. STEED TERRACE FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 N. Apopka Ave. Inverness, FL 34450
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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 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: 		Date 2/22/05 Daytime Phone # 352-860-2700	
Signature and typed or printed name of signing officer or director			