

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 006 ***150.00

DOCUMENT # P04000130093																																																																																																																																			
1. Entity Name THE ELITE - KWRM, INC.																																																																																																																																			
Principal Place of Business 13030 WYNDALE DR. BAYONET POINT, FL 34667			Mailing Address 13030 WYNDALE DR. BAYONET POINT, FL 34667																																																																																																																																
2. Principal Place of Business		3. Mailing Address 8102 GREENSIDE LANE																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State BAYONET POINT, FL		4. FEI Number 02-0731851																																																																																																																															
Zip		Country 34667 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent RAVINO, GERALD P 13030 WYNDALE DR. BAYONET POINT, FL 34667			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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.																																																																																																																																			
<table style="width:100%;"> <tr> <td style="width: 40%; vertical-align: bottom;"> SIGNATURE: </td> <td style="width: 20%; vertical-align: bottom;"> JOHN L. CAMARA </td> <td style="width: 20%; vertical-align: bottom;"> V.P. </td> <td style="width: 20%; vertical-align: bottom;"> 13 MAR 05 </td> <td style="width: 20%; vertical-align: bottom;"> 727-861-3761 </td> </tr> <tr> <td colspan="5" style="font-size: small; text-align: center;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </td> </tr> <tr> <td colspan="5" style="font-size: small; text-align: center;"> Date Daytime Phone # </td> </tr> </table>						SIGNATURE:	JOHN L. CAMARA	V.P.	13 MAR 05	727-861-3761	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #																																																																																																																			
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