
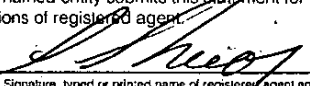
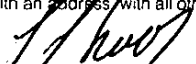


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90386 044 ***150.00

DOCUMENT # P04000148661					
1. Entity Name ELS ST. AUGUSTINE, INC.					
Principal Place of Business 9909 S. U.S. HWY. 441 LEESBURG, FL 34788			Mailing Address 9909 S. U.S. HWY. 441 LEESBURG, FL 34788		
2. Principal Place of Business 8626 US Hwy 441			3. Mailing Address 8626 US Hwy 441		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Leesburg, FL			City & State Leesburg, FL		
Zip 34788		Country		Zip 34788	
				Country	
6. Name and Address of Current Registered Agent SWOR, LARRY L 15050 S.E. 140TH AVE. RD. WEIRSDALE, FL 32195			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 			DATE 4-12-5		
Signature, typed or printed name of registered agent and title 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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PADGETT, ELLA S		NAME		
STREET ADDRESS	33317 KAYLEE WAY		STREET ADDRESS	33025 JODEE COURT	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWOR, LARRY L		NAME		
STREET ADDRESS	15050 S.E. 140TH AVE. RD.		STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE, FL 32195		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			L. L. SWOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-12-5		
			Daytime Phone #		