

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160630

Entity Name: VALET DE ELITE, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

835 1/2 COLLEGE AVE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 505
ZOLFO SPRINGS, FL 33890 US

New Mailing Address:

FEI Number: 16-1709578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, ALLEN L SR.
835 1/2 COLLEGE AVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLISON, ALLEN L SR.
Address: 835 1/2
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELLISON, ALLEN L
Address: 835 1/2
City-St-Zip: LAKELAND, FL 33813

Title: VP () Change (X) Addition
Name: CUMMINGS, MICHAEL L
Address: 110 GAUSE AVE
City-St-Zip: BARTOW, FL 33830

Title: VP () Change (X) Addition
Name: SHOWERS, STEVE
Address: 1501 SHEPHERD RD.
City-St-Zip: LAKELAND, FL 338311

Title: VP () Change (X) Addition
Name: WILLIAMS, TONY
Address: 1504 ARTHUR BLVD.
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN L. ELLISON

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date