2007 FOR PROFIT CORPORATION

FILED Mar 19, 2007 8:00 am Secretary of State

2007	FUNF	NOFII	CORFO	KA I IVI
	ANI	NUAL	REPORT	•

ANNUAL REFURI					Secretary or State				
1. Entity Nam	MENT # P05000061 ELLA, INC.	575	(ALA)				7 90085 004 ***		
Principal Plac	te of Business	Mailing Address			4003	8623			
6953 WITTM		6953 WITTMAN DRIVE			4,000	0040			
FT. MYERS, I		FT. MYERS, FL 33919							
i i i igireixo, i	12 33313	11. WILLIO, IL 33313							
						III II BARII aarii ba iii ab ii		 	
Principal Place of Business - No P.O Box # 3. Mailing Address									
9403 Cypress Lake Drive 9403 Cypress Lake Drive				Noive	_				
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				03142007 Chg-P CR2E034 (12/06)				
		City & State			4 55.11		1 14		
City & Stat	hiam El	FT Myess	E	,	4. FEI Number 20-2747:	583	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip 7. 77.	Country		20-2141.	303			
3391		33919	Country		5. Certificate of	Status Desired	□ \$8.75 Add		
الأكرز	6. Name and Address of Current F				7 Name and 6	ddress of New R	· · · · · · · · · · · · · · · · · · ·	-	
	o. Name and Address of Current P	radistalan Malit		Name	7. Name and A	datess of New K	agistered Agent		
SULLIVAN	I, VINNIE A			Nacio					
	TMAN DRIVE		- 1	Street Address (P.O. Box Number is Not Acceptable)					
FT. MYER	S, FL 33919		<u> </u>						
			-	City			Zip Cod	e	
							FL Zip Cod		
	named entity submits this statement for	the purpose of changing its re	gistered	office or register	ed agent, or both.	in the State of Flo	rida. I am familiar with,	and accept	
tnę obligai	tions of registered agent.								
SIGNATURE.									
SIGNATORE.	Signature, typed or printed name of respectived agent a	nd tise dapplicable (NOTE R	legistered Ap	pent sighalura required	whon roinstatings		DATE		
				····					
EII	E NOW!!! FEE IS \$150.00	9. Election Campaign	n Financin	rg \$5 .	00 мау Ве			ĺ	
	ay 1, 2007 Fee will be \$550.0	Trust Fund Contrib	ution		ed to Fees				
	2555555								
10.	OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR		
HILE	PTD	☐ Defete	TITLE				Change	Addition	
NAME	SULLIVAN, VINNIE A		NAME					1	
STREET ADDRESS	6953 WITTMAN DRIVE		STREET A						
CHY-ST ZIP	FT. MYERS, FL 33919		CITY-\$1	- ZIP					
TITLE	VPSD	☐ Delete	TITLE				Change	☐ Addition ☐	
NAME	HUTT, WILL A		NAME						
STREET ADDRESS	6953 WITTMAN DRIVE		STREET A						
CITY-ST-ZIP	FT. MYERS, FL 33919	,	CHY-ST-	- ZIP					
11715	ļ	☐ Delete	TIFLE				Change	☐ Addition	
NAMI,	1		NAME	ĺ					
STRLET ADDRESS			STREET	1					
CHY-S1-ZIP			CHY-SI	- ZIP					
HILE		☐ Delete	IIILE				☐ Change	☐ Addition	
NAME			NAME	1					
STREET ADDRESS			STREET A						
CITY-ST-ZIP			CHY-\$I-	- ZIP				,	
TITLE		☐ Delete	HITLL				☐ Change	Addition	
NAME			NAME	ĺ					
STREET AODRESS			STREELA	DDRESS					
CITY-ST-ZIP			CITY-ST-	- ZIP					
THLE		☐ Delete	THTLE				☐ Change	Addition	
NAME			NAME						
STRLET ADDRESS			STREET A	ODRESS					
CITY SI-ZIP			CITY-\$1-	- ZIP					
12. Thereby	certify that the information supplied with	this filing does not qualify for t	he exem	otions contained	Lin Chapter 119	Florida Statutes 1	further certify that the is	nformation	
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	poration of the receiver of trustee empty, or on an attachment with a <u>n a</u> ddress, w	wered to execute this report as ith all other like empowered.	redniled	гоу Спартег 607	. riorida Statutes,	and that my name	e appears in Block 10 of	BIDCK 11 If	
SIGNATURE: 15/07									
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