

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90031 014 ***158.75



DOCUMENT # **P06000094489**
 1. Entity Name
R.A. ELLIOTT, REAL ESTATE COMPANY

Principal Place of Business
**3301 BAYSHORE BLVD. UNIT 607
 TAMPA FL 33629**

Mailing Address
**3301 BAYSHORE BLVD. UNIT 607
 TAMPA FL 33629**



2. Principal Place of Business - No P.O. Box #
4006 S. MacDill Ave. #200

3. Mailing Address
300 Beach Drive NE

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
#2501

1st MOORE CR2E034 (10/06)

City & State
Tampa, Florida

City & State
St. Petersburg, Florida

4. FEI Number **11-3803828**

Applied For
 Not Applicable

Zip **33611** Country **USA**

Zip **33701** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELLIOTT, GERALD
 12712 FOREST STREET
 TAMPA FL 33612**

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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P ELLIOTT, RUTH A	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	3301 BAYSHORE BLVD. UNIT 607 TAMPA FL 33629	
TITLE NAME	ST ELLIOTT, DIXIE C	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	12712 FOREST STREET TAMPA FL 33612	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	300 Beach Dr. NE #2501 St. Petersburg, FL 33701	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ruth A. Elliott* Ruth A. Elliott, President 4/25/07 813-610-1557
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #