

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000101009

1. Entity Name
ELITE CONTROLS, INC.



Principal Place of Business
**215 LENTZ RD
BRANDON, FL 33510**

Mailing Address
**215 LENTZ RD
BRANDON, FL 33510**



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5297566

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWIS, STEPHEN P
215 LENTZ RD
BRANDON, FL 33510**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restateing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, STEPHEN P
STREET ADDRESS	215 LENTZ RD
CITY- ST- ZIP	BRANDON, FL 33510
TITLE	DP
NAME	LEWIS, BRANDY
STREET ADDRESS	215 LENTZ RD
CITY- ST- ZIP	BRANDON, FL 33510
TITLE	ST
NAME	ERCOLINA, KEITH D
STREET ADDRESS	1754 ELK SPRING DR
CITY- ST- ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/01/08-80008-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-8 813-447-1539