


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90005 020 ***158.75

DOCUMENT # P06000102668	
1. Entity Name ELITE GENERAL CONTRACTING, INC.	

Principal Place of Business 221 SEASHORE WAY PANAMA CITY BEACH, FL 32407	Mailing Address 221 SEASHORE WAY PANAMA CITY BEACH, FL 32407
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2. Principal Place of Business - No P.O. Box # 1353 SUSSEX DR	3. Mailing Address 1353 SUSSEX DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. LAUDERDALE FL	City & State N. LAUDERDALE FL
Zip 33068	Zip 33068
Country	Country

40119031



05082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HERNDON, WALTER A 221 SEASHORE WAY PANAMA CITY BEACH, FL 32407	
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4. FEI Number 13-4340394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 <u>Walter Herndon (P)</u> DATE <u>5-24-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNDON, WALTER A 221 SEASHORE WAY PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTER A. HERNDON 1353 SUSSEX DR NORTH LAUDERDALE FL 33068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Walter Herndon (WALTER HERNDON)</u>		DATE: <u>5-24-07</u>	DAYTIME PHONE: <u>954-597-1565</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>