2008 FOR PROFIT CORPORATION ANNUAL REPORT

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May 16, 2008 8:00 am Secretary of State 05-16-2008 90015 045 ***150.00 DOCUMENT # P06000140445 1. Entity Name ELITÉ CONCEPTS AND DESIGN, INC. **TUIDE** Principal Place of Business Mailing Address 4751 NEAL RD 4751 NEAL RD FORT MYERS, FL 33905 FORT MYERS, FL 33905 2. Principal Place of Business - No P.O. Box # 339 \ Corol P. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For Lity & State City & State 20-5707463 Not Applicable Country P. B. Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIRICHELLO, JENNIFER Street Address (P.O. Box Number is Not Acceptable) **4751 NEAL RD** FORT MYERS, FL 33905 lequesta 8. The above named entity submits this state ament for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept egistered age**d**t. the obligations of SIGNATURE 1 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P Delete TITLE Change CHIRICHELLO, JENNIFER NAME NAME 3044 LAKE MANATEE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL, FL 33909 D/VP 🗷 Delete TITLE TITLE Addition JOHNSON, JAMES R NAME NAME STREET ADDRESS 4751 NEAL RD STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

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