


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90062 009 \*\*\*150.00

<b>DOCUMENT # P07000071249</b> 1. Entity Name <b>JOHN R. ELLIS MESSAGE, INC.</b>					
Principal Place of Business <b>1871 COLONIAL BLVD., UNIT 104 FORT MYERS, FL 33907</b>			Mailing Address <b>PO BOX 1148 ESTERO, FL 33928</b>		
2. Principal Place of Business - No P.O. Box # <b>12621 New Brittany Blvd.</b> Suite, Apt. #, etc. <b># 17</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Fort Myers FL</b>		City & State 			
Zip <b>33907</b>		Zip 		Country 	
4. FEI Number <b>51-0632985</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>ELLIS, VICKY L 1871 COLONIAL BLVD., UNIT 104 FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name <b>Ellis, Vicky L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12621 New Brittany Blvd.</b> Suite <b># 17</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33907</b>		
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><b>Vicky L. Ellis</b></u> DATE <u><b>4/3/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELLIS, JOHN R 1871 COLONIAL BLVD., UNIT 104 FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST ELLIS, VICKY L 1871 COLONIAL BLVD., UNIT 104 FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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><b>Vicky L. Ellis</b></u> <u><b>Vicky L. Ellis</b></u> <u><b>4/3/08</b></u> <u><b>872-4641</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		