

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90045 025 ***150.00

DOCUMENT # P93000076643	
1. Entity Name ELLIS ENTERPRISES CONSTRUCTION & DEVELOPMENT, INC.	

Principal Place of Business 3232 N TAMiami TRAIL BLDG B SARASOTA, FL 34234	Mailing Address 3232 N TAMiami TRAIL B SARASOTA, FL 34234
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0447135

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



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIS, NICK V JR 3232 N TAMiami TRAIL BLDG B SARASOTA, FL 34234	Name Street Address (P.O. Box Number is Not Acceptable) City

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME ELLIS, NICK V JR	<input type="checkbox"/> Delete	TITLE President	NAME Ellis, Nick V. JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3232 N. TAMiami TRAIL BLDG B	CITY-ST-ZIP SARASOTA, FL 34234		STREET ADDRESS 3232 N. TAMiami TRAIL BLDG B	CITY-ST-ZIP SARASOTA, FL 34234	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **NICK V. ELLIS** **1/21/2005** **941-355-4175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #