

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90315 025 ***150.00

DOCUMENT # P94000027236						
1. Entity Name ELECTRO LUBE DEVICES, INC.						
Principal Place of Business 528 NW GAERDON ST. LAKE CITY, FL 32055			Mailing Address PO BOX 220 LAKE CITY, FL 32056 US			
2. Principal Place of Business <i>528 N.W. GAERDON ST.</i>		3. Mailing Address Suite, Apt. #, etc.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-3234651		
Zip		Country		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent SPRING, JUDITH A. 1612 NW FRONTIER DR. LAKE CITY, FL 32055			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 _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
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				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME SPRING, JUDITH A		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS RT 13 BOX 331-26	CITY-ST-ZIP LAKE CITY, FL			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME LOMINACK, LAUREL D.		<input type="checkbox"/> Delete	STREET ADDRESS 	CITY-ST-ZIP 	
STREET ADDRESS 1360 LAKE MONTGOMERY DR.	CITY-ST-ZIP LAKE CITY, FL			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	STREET ADDRESS 	CITY-ST-ZIP 	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	STREET ADDRESS 	CITY-ST-ZIP 	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>Judith A. Spring</i>				3-10-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		
Daytime Phone #				386-755-3810		