

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000036728					
1. Entity Name ELLIOTT & RUSSELL DEVELOPMENT, INC.					
Principal Place of Business 2573 BARRINGTON CIRCLE TALLAHASSEE FL 32308 US			Mailing Address 2573 BARRINGTON CIRCLE TALLAHASSEE FL 32308 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3246997	
				Applied For Not Applicable	
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	
RUSSELL, DIXIE 2573 BARRINGTON CIRCLE TALLAHASSEE FL 32308				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><i>Dixie Russell</i></u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S	☐ Delete		TITLE	U00000516627 ☐ Change ☐ Addition
NAME	ELLIOTT, SAM			NAME	05/01/06-80013-002 150.00
STREET ADDRESS	2573 BARRINGTON CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP	
TITLE	PVT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	RUSSELL, DIXIE			NAME	
STREET ADDRESS	2573 BARRINGTON CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP	
TITLE		☐ 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	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dixie Russell* **RUSSELL** **4-14-06** **850-385-4646**