2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2004 08:00 AM DOCUMENT # P95000000899 Secretary of State 1. Entity Name ELK INVESTMENTS, INC. Mailing Address Principal Place of Business 1858 RINGLING BLVD. 1858 RINGLING BLVD. SARASOTA, FL 34236 SARASOTA, FL 34236 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0535572 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236 Zip Code City FL 3. 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. П Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHÂNGES TO OFFICERS AND DIRECTORS IN 11 11. **DVPS** U00000022038 🗆 Change TITLE TITLE ☐ Addition ☐ Delete HANSEN, LAURA NAME 01/30/04-80029-009 150.00 NAME STREET ADDRESS STREET ADDRESS 1858 RINGLING BLVD. CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP דפת TITLE TITLE ☐ Addition ☐ Delete ☐ Change NARVAEZ, JANET NAME MAME 1858 RINGLING BLVD STREET ADDRESS STREET ADDRESS SARASOTA, FL 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-SY-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY+ST-ZIP ☐ Delete TITLE 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 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

FILED

Janet C. Norgarz

changed, or on an attach

SIGNATURE: _____