2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2007 8:00 am
Secretary of State
08-28-2007 90024 011 ***150.00

DOCUMENT # P95000017487

1. Entity Name
ELISE ENTERPRISES CORPORATION

Principal Place of Business	Mailing Address
4644 N. MAIN ST. JACKSONVILLE FL 32206	321 GREENCASTLE DR. JACKSONVILLE FL 32225

66021955

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3300167 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MOURO, BARBARA
321 GREENCASTLE DR.
JACKSONVILLE FL 32225

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 acce[pt] the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOURO, THOMAS J 321 GREENCASTLE DR. JACKSONVILLE FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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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 informati[on] 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 direc[tor] 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: Thomas J. Mouro Pres. 3-27-07 904 727-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Russ - for your info! 6602195

ATTACHMENT #P95000017487

#1

Stub of Orig Money Order Was Lost

Orig M.O. and ANNUAL Report Mailed 3-29-07

2 Div. of Corp

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 947
MINNEAPOLIS, MN 55480
www.moneygram.com

Fla Dept

PLEASE READ REVERSE SIDE

DATE/AMOUNT

MoneyGram. Money Orders

RECEIPT

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

5598720146 8

EMPLOYEE

618 (6/06) 500/5000
M 89079-N

▼DETACH HERE▼

Orig. W- Money order sent 3-27-07 - Ya'll Never got - When you and I talked in Aug. M-order had been lost. Never cashed! I got W/Mo. People they replaced - I then mailed personal CK + Nd Copy of A. Report - then I got this letter eg. from Barbara

#2

THANK YO
THE ORIG
AS THE IT

Y ORDER. IF
ASE RETURN TO OUR OFFICE,
T STOPPED.

Replacement M.O.

Processed on: 8/15/2007

BARBARA MOURO
321 GREENCASTLE DR
JACKSONVILLE, FL 32211

CUSTOMER SERVICE CALL: 1-800-542-3590

ORIGINAL MONEY ORDER NUMBER	MONEY ORDER GROSS AMOUNT	REQUIRED PROCESSING FEE	PROCESSING FEE RECEIVED	NET PROCESSING FEE CHARGED	SERVICE CHARGE (IF APPLIES)	NET AMOUNT
0559 8720146	150.00	17.00	0.00	17.00	0.00	133.00

Copy of CK - Stub Where they Refunded