


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90211 037 \*\*\*150.00

DOCUMENT # P95000032909 1. Entity Name ELLERBE ENTERPRISES, INC.	
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042070628

Principal Place of Business 4390 D'EVEREUX DR PENSACOLA, FL 32504	Mailing Address 4390 D'EVEREUX DR PENSACOLA, FL 32504
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2. Principal Place of Business <b>4265 MONTALVO DR.</b>	3. Mailing Address <b>4265 MONTALVO DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State <b>Pensacola, Fla.</b>	City & State <b>Pensacola, Fla</b>	4. FEI Number 59-3311667	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32504</b>	Country <b>USA</b>	Zip <b>32504</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent ELLERBE, DAVID R 4390 D'EVEREAUX R PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name <b>Ellerbe, David R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4265 MONTALVO DR.</b> City <b>Pensacola</b> FL Zip Code <b>32504</b>	
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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: *David R. Ellerbe* DATE: 04-26-04  
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, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ELLERBE, DAVID R 4390 D'EVEREAUX DR PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ELLERBE, David R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4265 MONTALVO DR Pensacola, Fla. 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employees.

SIGNATURE: *David R. Ellerbe* DATE: 4-26-04 DAYTIME PHONE: 850-438.2274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #