2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P95000032909 1. Entity Name ELLERBE ENTERPRISES, INC.				04-29-2	004 90211 037 ***	150.00
Principal Place of Business 4390 D'EVEREUX DR PENSACOLA, FL 32504 Mailing Address 4390 D'EVEREUX DR PENSACOLA, FL 32504			4		ካ ቋወተወይረጸ	
2. Principal Place of Business 4245 MonTAL VO DR. Suite, Apt. #, etc. 3. Mailing Address 4265 MonTAL VO DR. Suite, Apt. #, etc.				04282004 Chg-P	CR2E034 (10/03)	
City & Stat	cola Fla	City & State Pensacola	. Fla	4. FEI Number 59-3311667	Ар	plied For :
3250	Country	325 0 4	Country N > A	5. Certificate of Status Desired	\$8.75 Addi	itional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ellerbe, David R, Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32504 City Pensacola FL Zip Code 3250 4						
8. The above named entity submits this statement for the purpose of changing its 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 PILE NO Campaign Financing Trust Fund Contribution.						
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLERBE, DAVID R 4390 D'EVEREAUX DR PENSACOLA, FL 32504	☐ Delete	TITLE NAME STREET ADDRESS	LLERBE, David 1265 Montalvo I Pensacola, Fla.	R. A Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	☐ Addition
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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						

SIGNATURE:

4-26-04 850-438.2274 Date Daytime Phone #