**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## DOCUMENT # P96000031414

ELLIOTT ENGINEERING & DESIGN, INC.				3 -	- 04-12-2004 90676 012 ***158.75		
Principal Place of Business		Mailing Address					
1350 OAKBROOK DRIVE SW LARGO FL 33770		1350 OAKBROOK DRIVE SW LARGO FL 33770			94050739		
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			I I <b>zrijer</b> i (in iniin niik rein <b>cr</b> iji <b>an</b> ii) nniin	933 <b>0</b> 11	01031 II 1001
					MOORE CR2E034 (11/03)		
City & State		City & State		4.	50-3484606		oplied For of Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
		7. Name and Address of New Registered Agent					
	6. Name and Address of Curren	- <del></del>	Name				
ELLIOTT, FRANCIS J 1350 OAKBROOK DRIVE SW LARGO FL 33770			Street Add	dress (P.O.	Box Number is Not Acceptable)		
ā.			City		<b>_F</b>	Zip Cod	e
8. The above the obligat	named entity submits this statement fi ions of registered agent.	for the purpose of changing it	s registered office or re	egistered a	gent, or both, in the State of Florida. Ta	ım familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature	required when	reinstating) DAT	Ė	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				•	Election Campaign Financing     Trust Fund Contribution.	\$5.0 Added	O May Be to Fees
10.	OFFICERS ANI	D DIRECTORS	11.	A	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE			Change	☐ Addition
NAME	ELLIOT, FRANCIS		NAME				
STREET ADDRESS CITY - ST - ZIP	1350 OAKBROOK DRIVE SW LARGO FL 33770		STREET ADDRESS			,	
	LANGO PE 33770		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME	رسده در	☐ Delete	TITLE - NAME	_	and the same of th	☐ Change	Addition
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 STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		<u> </u>	☐ Change	Addition
NAME		☐ Detete	NAME			T manks	
STREET ADDRESS			STREET ADDRESS				

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 empowered. changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**FILED** 

Apr 12, 2004 8:00 am Secretary of State