


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P96000047434<br>1. Entry Name<br>ELBERT SPECIALTY PRODUCTS, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>4949 SUNBEAM RD.<br>SUITE #15<br>JACKSONVILLE, FL 32257 US | Mailing Address<br>4949 SUNBEAM RD.<br>SUITE #15<br>JACKSONVILLE, FL 32257 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-3385790                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

ELBERT, PETER C  
 6851 IMMOLKALEE RD  
 KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and HR: If applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

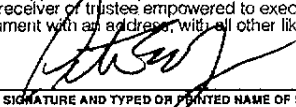
**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DCPS<br>ELBERT, PETER C<br>4949 SUNBEAM RD. SUITE 15<br>JACKSONVILLE, FL 32257 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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100000291335  
 04/07/05-80025-018 150.00

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

SIGNATURE:  DATE: 4/5/05 (904) 737-0880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day: Phone #