


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90291 005 ***150.00

DOCUMENT # P96000057169	
1. Entity Name J. ELY, INC.	

Principal Place of Business 496 NW 113 TERRACE CORAL SPRINGS, FL 33071 US	Mailing Address 496 NW 113 TERRACE CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business 4154 NW 90 Avenue Suite, Apt. #, etc. 104	3. Mailing Address 4154 NW 90 Avenue Suite, Apt. #, etc. 104
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33065	Zip 33065
Country USA	Country USA



04192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0678384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELY, JACQUELINE D 496 NW 113 TERRACE CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Address Change Only Street Address (P.O. Box Number is Not Acceptable) 4154 NW 90 Avenue #104 City Coral Springs FL Zip Code 33065
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELY, JACQUELINE D		NAME STREET ADDRESS	
STREET ADDRESS 496 NW 113 TERRACE		CITY-ST-ZIP CORAL SPRINGS, FL 33071	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELY, DEBORAH L		NAME STREET ADDRESS	
STREET ADDRESS 496 NW 113 TERRACE		CITY-ST-ZIP CORAL SPRINGS, FL 33071	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS STREET ADDRESS		STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	

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: *Whendy Ely* *President* 4/15/05 954255608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #