FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90562 047 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000091206

1. Entity Name
ELS & ASSOCIATES, INC.

40075454

Principal Place of Business	Mailing Address
607 SOUTH ALEXANDER ST. SUITE 212 PLANT CITY, FL 33566	607 SOUTH ALEXANDER ST. SUITE 212 PLANT CITY, FL 33566

2. Principal Place of Business	3. Mailing Address
104 N. Evers St.	104 N. Evers St.
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Plant City, FL.	City & State: Plant City, FL
Zip: 33563 Country: US. Hillsborough	Zip: 33563 Country: U.S.

04272005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3411783 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, ERIC L
607 SOUTH ALEXANDER ST.
SUITE 212
PLANT CITY, FL 33566

7. Name and Address of New Registered Agent

Name: Snyder, Eric L.
Street Address (P.O. Box Number Is Not Acceptable): 104 N. Evers St. Suite 101
City: Plant City FL Zip Code: 33563

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNYDER, ERIC L 607 SOUTH ALEXANDER ST., SUITE 212 PLANT CITY, FL 33566 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Snyder, Eric L. 104 N. Evers St. Ste. 101 Plant City, FL. 33563 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ Date ______ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR