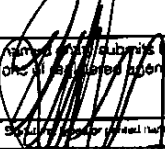
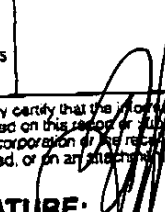


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90562 047 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000091206			
1. Entity Name ELS & ASSOCIATES, INC.			
Principal Place of Business 607 SOUTH ALEXANDER ST. SUITE 212 PLANT CITY, FL 33566		Mailing Address 607 SOUTH ALEXANDER ST. SUITE 212 PLANT CITY, FL 33566	
2. Principal Place of Business 104 N. EVERS ST. Suite, Apt. #, etc. Suite 101 City & State Plant City, FL Zip 33563		3. Mailing Address 104 N. EVERS ST. Suite, Apt. #, etc. Suite 101 City & State Plant City, FL Zip 33563	
Country U.S.		Country U.S.	
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, the registered agent.			
SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) 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 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 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	
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	
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 person 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: _____			