


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000001658**

1. Entity Name  
 ELIZABETH PLACE PARTNERS, INC.



Principal Place of Business      Mailing Address

5012 WEST CYPRESS STREET      5012 WEST CYPRESS STREET  
 TAMPA, FL 33607                      TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**



01212005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3419873      Not Applicable

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

6. Name and Address of Current Registered Agent

SHANNON, JEFFREY C  
 501 EAST KENNEDY BLVD  
 SUITE 1700  
 TAMPA, FL 33602

**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 title if applicable (NOTE Registered Agent signature required when rehashing)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, JAMES R 5012 WEST CYPRESS STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, THOMAS B 5012 WEST CYPRESS STREET TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**

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 empowers.

SIGNATURE: *Thomas B Bradley*      2-3-05      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR