2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2004 08:00 AM Secretary of State

ANNUAL REPORT				_ va	Secretary of State			
	MENT # P97000007	322		Secreta	ry or St	ate		
1. Entity Name ELBAR SERVICE, INC.								
Principal Place	e of Business	Mailing Address	1	1				
13603 WEYE	BURNE DR. CH, FL. 33446	13603 WEYBURNE DR. DELRAY BEACH, FL 33446						
GEGIANI BEIN	on, e. 55 e 65			# # ##### #############################		#### ## ### ## #### ##	(MI TIMBI KANDANI II IMB	
				01132004	No Chg-P	CR2E034 (10/03)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		······································	Applied For	
			ää III.	65-072		\$8	Not Applicable 75 Additional	
Name and Address of Current Registered Agent			T1-11-11-11-11-11-11-11-11-11-11-11-11-1	5. Certificate	of Status Desired		Required	
BADNES		Sheresan Whom				\$ 100 mm	enting is recommended to	
BARNES, ELSA 13603 WEYBURNE DR.				DO	NOT W	/RITE		
DELRAY	BEACH, FL 33446			IN.	THIS SI	PACE		
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its register	red office or registe	ered agent, or bo	ith, in the State of F	lorida. I am famil	iar with, and accep	
SIGNATURE_								
SIGNA: ORE	Signature, typed or printed name of registered agent ar	d the f coplicable. (NOTE: Register	ed Agent signature require	ed when reinstating)		DATE		
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution		5.00 May Be ded to Fees				
10.	OFFICERS AND D	RECTORS	– issie ia					
TITLE HAME	PTSD BARNES, ELSA							
STREET ADDRESS CITY-ST-ZIP	13603 WEYBURNE DR. DELRAY BEACH, FL 33446							
TITLE	VD VD				THINGS	10006289		
NAME STREET ADDRESS	BARNES, KEN 13603 WEYBURNE DR.		Adel II i I I i	d blymath dd barbid	01/16/04	1-800 29-0	.5 150,00	
CTTY-ST-ZIP	DELRAY BEACH, FL 33446							
TITLE NAME								
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NAME				IIV.	THIS S	PACE		
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12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/04 10

F61-637-276