

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90001 012 ***150.00

DOCUMENT # P97000048679					
1. Entity Name ELRO, INC.					
Principal Place of Business 10651 W HWY 40 OCALA, FL 33482			Mailing Address 10651 W HWY 40 OCALA, FL 33482		
2. Principal Place of Business 4154 E LAKE PARK DR		3. Mailing Address 4154 E LAKE PARK DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004 Chg-P CR2E034 (10/03)	
City & State HERNANDO FL		City & State HERNANDO FL		4. FEI Number 59-3459167	
Zip 34442		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELDREDGE, JAMES G 10651 W HWY 40 OCALA, FL 33482			7. Name and Address of New Registered Agent Name: <u>ELDREDGE, JAMES G</u> Street Address (P.O. Box Number is Not Acceptable): 4154 E LAKE PARK DR. City: <u>HERNANDO</u> FL Zip Code: <u>34442</u>		
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: <u>JAMES G. ELDREDGE</u> <i>James G. Eldredge</i> DATE: _____ <small>(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ROGGY, CHARLES G STREET ADDRESS 10651 W HWY 40 CITY-ST-ZIP OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE P NAME Roggy Charles G STREET ADDRESS 4154 E LAKE PARK DR. CITY-ST-ZIP HERNANDO FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ELDREDGE, JAMES G STREET ADDRESS 10651 W HWY 40 CITY-ST-ZIP OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE VP NAME ELDREDGE JAMES G STREET ADDRESS 4154 E LAKE PARK DR. CITY-ST-ZIP HERNANDO FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ELDREDGE, PATRICIA J STREET ADDRESS 10651 W HWY 40 CITY-ST-ZIP OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE S NAME PATRICIA J Eldredge STREET ADDRESS 4154 E LAKE PARK DR CITY-ST-ZIP HERNANDO FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ROGGY, DOROTHY STREET ADDRESS 10651 W HWY 40 CITY-ST-ZIP OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE T NAME Roggy Dorothy STREET ADDRESS 4154 E LAKE PARK DR CITY-ST-ZIP HERNANDO FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>JAMES G. ELDREDGE</u> <i>James G. Eldredge</i> JAMES G. ELDREDGE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					