


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000005671 1. Entity Name ELTROSE FARMS, INC.	
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Principal Place of Business 303 BANYAN BOULEVARD #400 WEST PALM BEACH, FL 33402	Mailing Address 303 BANYAN BOULEVARD #400 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE

FILED
07 JAN 25 PM 2:03
TALLAHASSEE, FLORIDA



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0807937	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIBSON, HERBERT C 303 BANYAN BOULEVARD #400 WEST PALM BEACH, FL 33402
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	200086145112 01/24/07--01039--005 **150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GIBSON, HERBERT C 303 BANYAN BOULEVARD #400 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GIBSON BURKHOLDER, ANN 303 BANYAN BOULEVARD #400 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

8/9/25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 Jan 17 2007	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		