

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90097 019 \*\*\*150.00

DOCUMENT # P98000073478

1. Entity Name

EZELL INVESTMENT CO.



Principal Place of Business

438 PEEPLES RD.  
YULEE FL 32097

Mailing Address

PO BOX 119  
YULEE FL 32097  
32041



2. Principal Place of Business

438 PEEPLES RD  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 119  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

YULEE FL

City & State

YULEE FL

4. FEI Number

59-3535272

Applied For

☒ Not Applicable

Zip

32097

Country

FLORIDA

Zip

32041

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EZELL, BEATRICE C  
438 PEEPLES RD.  
YULEE FL 32097

7. Name and Address of New Registered Agent

Name EZELL BEATRICE

Street Address (P.O. Box Number is Not Acceptable)  
86111 PEEPLES RD.

City YULEE

FL

Zip Code 32097

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME EZELL, BEATRICE C ☐ Delete  
STREET ADDRESS 440 PEEPLES RD.  
CITY-ST-ZIP YULEE FL 32097

TITLE S  
NAME EZELL, GERALD W ☐ Delete  
STREET ADDRESS 2223 RHOERLAN PL  
CITY-ST-ZIP YULEE FL 32097

TITLE T  
NAME HOPPER, DEBORAH D ☐ Delete  
STREET ADDRESS 2248 HOPPER LANE  
CITY-ST-ZIP YULEE FL 32097

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gerald W. Ezell* GERALD W. EZELL

3-8-2005

(904)

225-9093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #