

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000105439

1. Entity Name
EL-BER, INC.



Principal Place of Business

735 DODECANESE BLVD., #29
TARPON SPRINGS, FL 34689

Mailing Address

735 DODECANESE BLVD., #29
TARPON SPRINGS, FL 34689



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DROSOS, ELAINE V
1724 PAINTED BUNTING CIRCLE
PALM HARBOR, FL 34683

**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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	VP DROSOS, BERNARD
STREET ADDRESS CITY-ST-ZIP	1724 PAINTED BUNTING CIR PALM HARBOR, FL 346836671
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
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TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/08/07-80006-019-150.00

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 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:

Elaine Drosos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-07 *727-937-6158*
Date Daytime Phone #