

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000041615

1. Entity Name  
FRED ELLIOTT, INC.



**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90372 010 \*\*\*150.00

Principal Place of Business  
24367 BUCCANEER BLVD  
PUNTA GORDA, FL 33955

Mailing Address  
P.O. BOX 511775  
PUNTA GORDA, FL 33951

2. Principal Place of Business

209 E. ANN ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33950

Country

Zip

33951-1775

Country

03162006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0926365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, FRED  
24367 BUCCANEER BLVD  
PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

NANCY ELLIOTT *Nancy Elliott*

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, 2006 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  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ELLIOTT, FRED  
24367 BUCANEER BLVD  
PUNTA GORDA, FL 33955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
ELLIOTT, NANCY M  
24367 BUCANEER BLVD  
PUNTA GORDA, FL 33955 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

031500 650338

Date Day and Month