
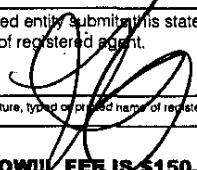



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90038 038 ***158.75

DOCUMENT # P99000044679 1. Entity Name ELBA CORPORATION																													
Principal Place of Business 2318 SW 44TH TERR CAPE CORAL, FL 33914			Mailing Address 2318 SW 44TH TERR CAPE CORAL, FL 33914																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 65-0949517																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Frederick De Pasquale Street Address (P.O. Box Number is Not Acceptable) 2305 Sagamore Pl. City Cape Coral FL Zip Code 33914																									
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  DATE 01/28/04 <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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D BAUER, ANNA E <input type="checkbox"/> Delete</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>2318 SW 44TH TERR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D BAUER, ANNA E <input type="checkbox"/> Delete		NAME	2318 SW 44TH TERR		STREET ADDRESS	CAPE CORAL, FL 33914		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">DPT BAUER, ANNA E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>2318 SW 44TH TERR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	DPT BAUER, ANNA E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	2318 SW 44TH TERR		STREET ADDRESS	CAPE CORAL, FL 33914		CITY-ST-ZIP		
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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:  DATE 01/28/04 (239) 549-7575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

#P9922044649

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NOTE ALSO
REQUEST FOR
CERTIFICATE OF (STATUS)
GOOD STANDING