

2004 FOR PROFIT CORPORATION ANNUAL REPORT


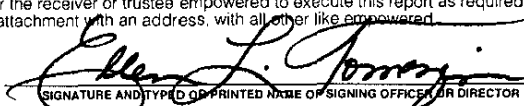
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Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90023 046 ***150.00

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02272004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000055041					
1. Entity Name ELLEN LORE INC					
Principal Place of Business PO BOX 1177 NEW SMYRNA BEACH, FL 32170			Mailing Address PO BOX 1177 NEW SMYRNA BEACH, FL 32170		
2. Principal Place of Business 809 UPLAND DRIVE		3. Mailing Address 809 UPLAND DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT ORANGE, FLORIDA		City & State PORT ORANGE, FLORIDA		4. FEI Number 59-3582873	
Zip 32127 Country USA		Zip 32127 Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TOMAZIN, ELLEN L 205 N SAMSULA DR NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent Name TOMAZIN, ELLEN L. Street Address (P.O. Box Number is Not Acceptable) 809 UPLAND DRIVE City PORT ORANGE FL Zip Code 32127		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST TOMAZIN, ELLEN L 205 N SAMSULA DR NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST TOMAZIN, ELLEN L. 809 UPLAND DRIVE PORT ORANGE, FLORIDA 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/8/04 386-304-7765 Date Daytime Phone #		