


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074477
1. Entity Name
ELANGY ASSOCIATES, INC.



Principal Place of Business
3926 SW 12TH PLACE
CAPE CORAL, FL 33914

Mailing Address
1616-102 CAPE CORAL PKWY
PMB #242
CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0957331

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LITHERLAND, SANDRA
7025 NEW POST DRIVE
UNIT #5
FORT MYERS, FL 33917

**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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


U00000130830
04/26/04-80134-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRECO, LISA
STREET ADDRESS	3926 SW 12TH PLACE
CITY - ST - ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	LITHERLAND, SANDRA
STREET ADDRESS	7025 NEW POST DRIVE, UNIT #5
CITY - ST - ZIP	FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:  LISA K Greco

DATE: 4/23/04 DAYTIME PHONE: 239-731-7224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR