


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 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**



01152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

**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    |                              |

02/22/05-80008-016 150.00

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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)(f), 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:** **2/18/05** **Daytime Phone #:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR