


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90019 017 ***150.00

| | |
|---|---|
| DOCUMENT # P99000074477 1. Entity Name ELANGY ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business 3306 SW 15TH AVE CAPE CORAL, FL 33914 | Mailing Address 1616-102 CAPE CORAL PKWY PMB #242 CAPE CORAL, FL 33914 |
|---|---|

| | | |
|--|---------------------|-------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

02102007 Chg-P CR2E034 (12/06)

| | |
|-----------------------------|--|
| 4. FEI Number 65-0957331 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

6. Name and Address of Current Registered Agent

LITHERLAND, SANDRA
178 CHISHOLM TRL
FORT MYERS, FL 33917

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
|----------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GRECO, LISA |
| STREET ADDRESS | 3306 SW 15TH AVE |
| CITY-ST-ZIP | CAPE CORAL, FL 33914 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LITHERLAND, SANDRA |
| STREET ADDRESS | 178 CHISHOLM TRL |
| CITY-ST-ZIP | FORT MYERS, FL 33917 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Litherland, Sandra |
| STREET ADDRESS | 1092 Nantucket Circle #4-5 |
| CITY-ST-ZIP | N Ft Myers, FL 33917 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:  12/15/07 239-542-9842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #