

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 02, 2004 08:00 AM
Secretary of State**



DOCUMENT # S91954

1. Entity Name
ELIAS MANAGEMENT & CONSTRUCTION, INC.

Principal Place of Business
**1107 N OLIVE AVE
WEST PALM BEACH, FL 33401**

Mailing Address
**1107 N OLIVE AVE
WEST PALM BEACH, FL 33401**



06092004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0296143** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BYRD, WADE R
350 ROYAL PALM WAY
STE 409
PALM BEACH, FL 33480**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

000000163063
07/02/04-80002-022 550.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ELIAS, WILLIAM D.**
STREET ADDRESS **1107 N OLIVE AVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #