


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

DO NOT WRITE IN THIS SPACE



06092004 No Chg-P CR2E034 (10/03)

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

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

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

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**

100000163063
 07/02/04-60002-022 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELIAS, WILLIAM D.
STREET ADDRESS	1107 N OLIVE AVE
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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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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:  **7**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **6/20/04** Daytime Phone #: **851-655-9303**