

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # V64657

1. Entity Name
ELLISON PROPERTY MANAGEMENT, INC.



Principal Place of Business
**2233 SE FT. KING STREET
STE B
OCALA, FL 34471**

Mailing Address
**2233 SE FT. KING STREET
STE B
OCALA, FL 34471**



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3146549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARLTON, DWAYNE L
2233 SE FT KING STREET
STE B
OCALA, FL 34471**

**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ELLISON, DENVER L.
STREET ADDRESS	2233 SE FT KING STREET, STE B
CITY- ST- ZIP	OCALA, FL 34471

TITLE	P
NAME	CARLTON, DWAYNE L
STREET ADDRESS	2233 SE FT KING STREET, STE B
CITY- ST- ZIP	OCALA, FL 34471

TITLE	
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02/20/06-80031-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Denver L. Ellison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06 (352) 351-0055
Date Daytime Phone #