


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # V64657 1. Entity Name ELLISON PROPERTY MANAGEMENT, INC.	
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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
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01052007 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

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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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLISON, DENVER L. 2233 SE FT KING STREET, STE B OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLTON, DWAYNE L 2233 SE FT KING STREET, STE B OCALA, FL 34471
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01/10/07-80033-010 150.00

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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: Dwayne L. Carlton 1/5/07 (352) 351-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #