
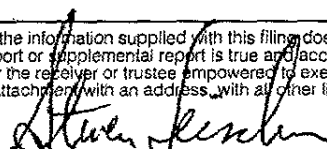


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J02097		
1. Entity Name EIP HOLDING CORP.		
Principal Place of Business 419 KEY EXECUTIVE BLVD 104 CRANDON BLVD KEY BISCAYNE, FL 33149	Mailing Address 419 KEY EXECUTIVE BLVD 104 CRANDON BLVD KEY BISCAYNE, FL 33149	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPENCER, S.A. 251 CRANDON BLVD TH164 KEY BISCAYNE, FL 33149		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY - ST - ZIP	PD SPENCER, S.A. 251 CRANDON BLVD #164 KEY BISCAYNE, FL 33149	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DONAGHY, JAMES W. 7 RIDGEWOOD DR BRIDGEWATER, CT 06752	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEISCHNER, STEVEN 1979 DOGWOOD DR SCOTCH PLAINS, NJ 07076	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SPENCER, MARY M 251 CRANDON BLVD, #164 KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Secretary		Date: 4-26-04 Daytime Phone #: (305) 361-8864



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3335623

Applied For
Not Applicable

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

U00000150246
05/03/04-80218-025 150.00