


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90068 020 \*\*\*\*70.00

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # N03000001638</b>  |  |   |  |
| 1. Entity Name<br><b>THE NEW EAGLE EYE CLAN CORP</b>  |  |  |  |
| Principal Place of Business<br>22429 NW LAKE MCKINZIE<br>ALTHA, FL 32421  |  | Mailing Address<br>22429 NW LAKE MCKINZIE<br>ALTHA, FL 32421   |  |
| 2. Principal Place of Business<br>22429 NW LAKE MCKINZIE<br>Suite, Apt. #, etc. <b>NONE</b>   |  | 3. Mailing Address<br>22429 NW LAKE MCKINZIE<br>Suite, Apt. #, etc. <b>NONE</b>  |  |
| City & State<br><b>ALTHA, FL</b>  |  | City & State<br><b>ALTHA, FL</b>   |  |
| Zip<br><b>32421</b>   | Country<br><b>CALHOUN</b>  | Zip<br><b>32421</b>  | Country<br><b>CALHOUN</b>  |
| 4. FEI Number<br><b>04-3744902</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>ARGETSINGER, RONALD L</b><br>22429 NW LAKE MCKINZIE<br>ALTHA, FL 32421  |  | 7. Name and Address of New Registered Agent<br>Name <b>RONALD L ARGETSINGER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>22429 NW LAKE MCKINZIE BLVD</b><br>City <b>ALTHA, FL</b> Zip Code <b>32421</b> |  |
| 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.<br>SIGNATURE <i>Ronald L Argetsinger</i> DATE <b>1-17-04</b><br><small>Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2004</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
|   |  | <b>Make check payable to Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>BARNETT, SUSAN</b><br>10 SIMON CT<br>PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>CAMP, PAULA</b><br>20827 NW PALM RD<br>ALTHA, FL 32421 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>ATRUAT, COND</b><br>22295 NW LAKE MCKINZIE<br>ALTHA, FL 32421 <input checked="" type="checkbox"/> Delete <i>Misspelled</i>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>COUNCIL/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>CARR TRUAX</b><br>22295 LAKE MCKINZIE BLVD<br>ALTHA, FL 32421 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>ARGETSINGER, RONALD L</b><br>22429 NW LAKE MCKINZIE<br>ALTHA, FL 32421 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>TRUAT, WILLIAM L JR</b><br>22295 NW LAKE MCKINZIE<br>ALTHA, FL 32421 <input checked="" type="checkbox"/> Delete <i>Misspelled</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP-VC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>WILLIAM L TRUAX</b><br>22295 NW LAKE MCKINZIE<br>ALTHA, FL 32421         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ST</b><br><b>ARGETSINGER, HELEN R</b><br>22429 NW LAKE MCKINZIE<br>ALTHA, FL 32421 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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 617, 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: <i>Helen R Argetsinger</i>   |  | SIGNATURE: <i>Helen R Argetsinger</i> DATE: <b>1-17-04</b>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | <small>Daytime Phone #</small>   |  |