


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90045 032 \*\*\*\*70.00

**DOCUMENT # N03000001638**  
 1. Entity Name  
**THE NEW EAGLE EYE CLAN CORP**



Principal Place of Business      Mailing Address  
 22429 NW LKE MCKINZIE      22429 NW LKE MCKINZIE  
 ALTHA FL 32421                  ALTHA FL 32421

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State                          City & State

Zip                          Country                  Zip                          Country

4. FEI Number      Applied For  
**04-3744902**                  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 ARGETSINGER, RONALD L  
 22429 NW LAKE MCKINZIE BLVD.  
 ALTHA FL 32421

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                          **FL**      Zip Code

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: *Ronald L Argetsinger*      **RONALD L Argetsinger**      2/10/05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMP, PAULA	
STREET ADDRESS	20827 NW PALM RD	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, JUSTIN	
STREET ADDRESS	5306 NW SKYLINE DR	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARGETSINGER, RONALD L	
STREET ADDRESS	22429 NW LAKE MCKINZIE	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOWLING, ROSS A II	
STREET ADDRESS	4027 E HWY 388	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARGETSINGER, HELEN R	
STREET ADDRESS	22429 NW LAKE MCKINZIE	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MCINTOSH	
STREET ADDRESS	22429 NW LAKE MCKINZIE	
CITY-ST-ZIP	ALTHA, FL 32421	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS DAVIS	
STREET ADDRESS	7688 NW PORTER GRADE	
CITY-ST-ZIP	ALTHA, FL 32421	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Helen R Argetsinger*      **Helen R Argetsinger**      2/10/05  
Signature and typed or printed name of signing officer or director      Date      Designation Phone #

30016313



1st MOORE      CR2E037 (10/04)