


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90028 037 ****70.00

DOCUMENT # N03000001638

1. Entity Name
THE NEW EAGLE EYE CLAN CORP



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

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
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: *Heleen R. Argetsinger* 4.27.08

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, 2008

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

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, DEBRA	
STREET ADDRESS	1135A 1ST STREET	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BEVERLY	
STREET ADDRESS	3036 LANE RD., APT A	
CITY-ST-ZIP	PANAMA CITY FL 32404	
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	D	<input type="checkbox"/> Delete
NAME	DRUAGHON, LYNN	
STREET ADDRESS	4027 E HWY 388	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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 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: _____