## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P11000072832

#### Entity Name: EIDOLON ANALYTIC INC

## **Current Principal Place of Business:**

5711 HALIFAX AVENUE, SUITE 1 FORT MYERS, FL 33912

## **Current Mailing Address:**

5711 HALIFAX AVENUE, SUITE 1 FORT MYERS, FL 33912 US

## FEI Number: 45-3067312

## Name and Address of Current Registered Agent:

SCHAEFER, CRYSTAL L 5711 HALIFAX AVENUE, SUITE 1 FORT MYERS, FL 33912 US

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.

# SIGNATURE:

Electronic Signature of Registered Agent

# Officer/Director Detail ·

| Officer/Director Detail : |                 |                                 |                 |                                 |
|---------------------------|-----------------|---------------------------------|-----------------|---------------------------------|
|                           | Title           | C.E.O                           | Title           | PRESIDENT                       |
|                           | Name            | SCHAEFER, CRYSTAL L             | Name            | HYON, GINA                      |
|                           | Address         | 5711 HALIFAX AVENUE,<br>SUITE 1 | Address         | 5711 HALIFAX AVENUE,<br>SUITE 1 |
|                           | City-State-Zip: | FORT MYERS FL 33912             | City-State-Zip: | FORT MYERS FL 33912             |
|                           | Title           | BOARD OF DIRECTOR               |                 |                                 |
|                           | Name            | REINERT, ANDREW R               |                 |                                 |
|                           | Address         | 5711 HALIFAX AVENUE,<br>SUITE 1 |                 |                                 |
|                           | City-State-Zip: | FORT MYERS FL 33912             |                 |                                 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: GINA HYON

PRESIDENT

02/26/2015

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No