


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # 136557 1. Entity Name EELBECK INVESTMENTS, INC. | | | |  | |
| Principal Place of Business 5148 W BEAVER ST JACKSONVILLE FL 32210 US | | Mailing Address BOX 40-ORTEGA STATION JACKSONVILLE FL 32210-0040 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-0231330 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |



1st MOORE CR2E034 (10/04)

| | | | | | |
|---|--|--|--|---|----------|
| 6. Name and Address of Current Registered Agent MEHAFFEY, HUBERT G BOX 40-ORTEGA STATION JACKSONVILLE FL 32210-0040 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------------|---------------------------------|--|---|--|---|--|
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MEHAFFEY, IDALEE B | | | NAME | | | |
| STREET ADDRESS | 5400 WATEROAK LN APT 102 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | | | CITY-ST-ZIP | | | |
| TITLE | VPDT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHIELDS, LENORA M | | | NAME | | | |
| STREET ADDRESS | 1504 NW 65TH AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | | CITY-ST-ZIP | | | |
| TITLE | PDT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MEHAFFEY, HUBERT G | | | NAME | | | |
| STREET ADDRESS | 5400 WATER OAK LN APT 102 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MEHAFFEY, H. G., JR. | | | NAME | | | |
| STREET ADDRESS | 1517 COUNTY RD., #309 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GEORGETOWN FL 32139 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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01/31/05-80074-003 150.00

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: Hubert G. MehaFFEY, Sr
HUBERT G. MEHAFFEY, SR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-24-05 Daytime Phone #: 904/781-7525