

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State

07-19-2006 90008 004 ***150.00
 08-22-2006 90030 008 ***400.00

50025993



1st MOORE CR2E034 (10/05)

DOCUMENT # 136557
 1. Entity Name
EELBECK INVESTMENTS, INC.



Principal Place of Business: **5148 W BEAVER ST JACKSONVILLE FL 32210-32254**
 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
 Zip: Country Zip: Country

4. FEI Number: **59-0231330** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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, State (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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 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: SO	<input type="checkbox"/> Delete	TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEHAFFEY, IDALEE B		NAME: (REMAINDER-SAME)	
STREET ADDRESS: 5400 WATEROAK LN APT 102		STREET ADDRESS: 6823 LENCZYK DR	
CITY-ST-ZIP: JACKSONVILLE FL 32210		CITY-ST-ZIP: JACKSONVILLE, FL 32277	
TITLE: VPDT	<input type="checkbox"/> Delete	TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHIELDS, LENORA M		NAME: (REMAINDER-SAME)	
STREET ADDRESS: 1504 NW 65TH AVE		STREET ADDRESS: (REMAINDER-SAME)	
CITY-ST-ZIP: MARGATE FL 33063		CITY-ST-ZIP: (REMAINDER-SAME)	
TITLE: PDT	<input type="checkbox"/> Delete	TITLE: (REMAINDER-SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEHAFFEY, HUBERT G		NAME: (REMAINDER-SAME)	
STREET ADDRESS: 5400 WATER OAK LN APT 102		STREET ADDRESS: (REMAINDER-SAME)	
CITY-ST-ZIP: JACKSONVILLE FL 32210		CITY-ST-ZIP: (REMAINDER-SAME)	
TITLE: D	<input type="checkbox"/> Delete	TITLE: (REMAINDER-SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEHAFFEY, H. G., JR.		NAME: (REMAINDER-SAME)	
STREET ADDRESS: 1517 COUNTY RD., #309		STREET ADDRESS: (REMAINDER-SAME)	
CITY-ST-ZIP: GEORGETOWN FL 32139		CITY-ST-ZIP: (REMAINDER-SAME)	
TITLE: (REMAINDER-SAME)	<input type="checkbox"/> Delete	TITLE: (REMAINDER-SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: (REMAINDER-SAME)		NAME: (REMAINDER-SAME)	
STREET ADDRESS: (REMAINDER-SAME)		STREET ADDRESS: (REMAINDER-SAME)	
CITY-ST-ZIP: (REMAINDER-SAME)		CITY-ST-ZIP: (REMAINDER-SAME)	
TITLE: (REMAINDER-SAME)	<input type="checkbox"/> Delete	TITLE: (REMAINDER-SAME)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: (REMAINDER-SAME)		NAME: (REMAINDER-SAME)	
STREET ADDRESS: (REMAINDER-SAME)		STREET ADDRESS: (REMAINDER-SAME)	
CITY-ST-ZIP: (REMAINDER-SAME)		CITY-ST-ZIP: (REMAINDER-SAME)	

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 607, 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: H.G. MehaFFEY Sr. - H.G. MEHAFFEY SR 7-14-06 904/281-7525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #