


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**5148 W BEAVER ST**      **BOX 40-ORTEGA STATION**  
**JACKSONVILLE, FL 32254 US**      **JACKSONVILLE, FL 32210-0040 US**

**DO NOT WRITE IN THIS SPACE**



01072008    No Chg-P    CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-0231330</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**  
**MEHAFFEY, HUBERT G**  
**BOX 40-ORTEGA STATION**  
**JACKSONVILLE, FL 32210-0040**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000812858  
 02/12/08 00000 014 150.00

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPDT<br>SHIELDS, LENORA M<br>6823 LENCZYK DR<br>JACKSONVILLE, FL 32277           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>MEHAFFEY, HUBERT G<br>5400 WATER OAK LN APT 102<br>JACKSONVILLE, FL 32210 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MEHAFFEY, H. G., JR.<br>1517 COUNTY RD., #309<br>GEORGETOWN, FL 32139      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Hubert G. MehaFFEY - HUBERT G. MEHAFFEY      Date: 1-11-08      Daytime Phone #: 904/781-7525

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR