

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 431032**  
 1. Entity Name  
**EATONVILLE DIVERSIFIED, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>15 WYMORE RD<br/>EATONVILLE, FL 32751</b> | Mailing Address<br><b>P O BOX 2185<br/>EATONVILLE, FL 32751</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-P CR2E034 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-1439169</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**VEREEN, NATHANIEL JR  
 213 EATON ST  
 EATONVILLE, FL 32751**

**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 agents.

SIGNATURE: *Nathaniel Vereen* DATE: 3/26/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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

U00000874449  
 04/10/08-80120-003 158.75

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>VEREEN, NATHANIEL JR<br>213 EATON ST<br>EATONVILLE, FL 32751    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VEREEN, ROSETTA G<br>15 KENNEDY AVENUE<br>EATONVILLE, FL 32751 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FLOWERS, VALRIE<br>533 CLARK ST<br>EATONVILLE, FL 32751         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRYANT, GLORIE<br>7432 CITRUS AVE<br>SACRAMENTO, CA 95823       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PARKER, ROSLYN<br>5147 LIGHTHOUSE RD<br>ORLANDO, FL 32808       |
| 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: *N. Vereen* **President** Date: March 26, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #