

**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
**15 WYMORE RD
EATONVILLE, FL 32751**

Mailing Address
**P O BOX 2185
EATONVILLE, FL 32751**

DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1439169	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 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, the registered agent.

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	P
NAME	VEREEN, NATHANIEL JR
STREET ADDRESS	213 EATON ST
CITY-ST-ZIP	EATONVILLE, FL 32751

TITLE	VP
NAME	VEREEN, ROSETTA G
STREET ADDRESS	15 KENNEDY AVENUE
CITY-ST-ZIP	EATONVILLE, FL 32751

TITLE	S
NAME	FLOWERS, VALRIE
STREET ADDRESS	533 CLARK ST
CITY-ST-ZIP	EATONVILLE, FL 32751

TITLE	D
NAME	BRYANT, GLORIE
STREET ADDRESS	7432 CITRUS AVE
CITY-ST-ZIP	SACRAMENTO, CA 95823

TITLE	T
NAME	PARKER, ROSLYN
STREET ADDRESS	5147 LIGHTHOUSE RD
CITY-ST-ZIP	ORLANDO, FL 32808

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President March 26, 2008
Date Daytime Phone #