

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 441303

1. Entity Name
BILL EISINGER, INC.



Principal Place of Business
**6812 N GUNLOCK AVE
TAMPA, FL 33614**

Mailing Address
**6812 N GUNLOCK AVE
TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1497281

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EISINGER, (WILLIAM D), JR.
6812 N GUNLOCK AVENUE
TAMPA, FL 33614**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000462158
03/21/06 00025-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EISINGER (WILLIAM D.)JR
6812 N GUNLOCK AVENUE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
EISINGER (CONSTANCE J.)
6812 N GUNLOCK AVENUE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EISINGER, CONSTANCE J.
6812 N GUNLOCK AVENUE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: William D. Eisinger Jr. 3/6/06 (813) 876-8051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #