


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 654533
 1. Entity Name
 EASTERN BEACH SERVICE OF PENSACOLA, INC.



Principal Place of Business: 5315 EIGHTH STREET, ZEPHYRHILLS, FL 33542
 Mailing Address: PO BOX 517, ZEPHYRHILLS, FL 33539-0517

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-1993074 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DONAHUE, BRADFORD F
 943 CORONADO DR
 GULF BREEZE, FL 32561

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

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

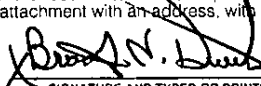
U00000571057
 07/18/06-80022-003 550.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HICKEY, EDWARD F
STREET ADDRESS	5315 EIGHTH STREET
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	DVP
NAME	DONAHUE, BRADFORD F
STREET ADDRESS	5315 EIGHTH STREET
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
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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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:  **BRADFORD DONAHUE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____