2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 671343

1. Entity Name
EASON'S GROVE, INC.

Principal Place of Business	Mailing Address
28550 SW 182 AVE HOMESTEAD, FL 33030 US	28550 SW 182 AVE HOMESTEAD, FL 33030 US

DO NOT WRITE IN THIS SPACE

04032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2007902	Not Applicable

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

6. Name and Address of Current Registered Agent

EASON, WAYNE H
1715 N.W. 8TH ST.
HOMESTEAD, FL 33030

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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

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, 2006 Fee will be $550.00

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

U00000495041
04/20/06-80069-019 150.00

10.	OFFICERS AND DIRECTORS
TITLE	V
NAME	EASON, WENDELL H
STREET ADDRESS	16790 SW 297 TERR
CITY-ST-ZIP	HOMESTEAD, FL 330303427
TITLE	DP
NAME	WAYNE H EASON
STREET ADDRESS	1715 NW 8 ST
CITY-ST-ZIP	HOMESTEAD, FL 330303806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Wayne H Eason_   4/1/06   3052483334

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