

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747513

FILED
Jan 07, 2007
Secretary of State

Entity Name: E.A.A. 635, OF DELAND, FLORIDA, INC.

Current Principal Place of Business:

1725 OLD NDB HWY
DELAND, FL 32721

New Principal Place of Business:

Current Mailing Address:

JON GRAHAM
1045 BURGOYNE ROAD
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 59-2589636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, JON E
1045 BURGOYNE ROAD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VICKERS, VAN
Address: 20 SACKETT RD
City-St-Zip: DEBARY, FL 32713

Title: T () Delete
Name: GRAHAM, JON E
Address: 1045 BURGOYNE ROAD
City-St-Zip: DELAND, FL 32720

Title: DIR () Delete
Name: FRANKENBERRY, DONALD
Address: 4605 S. TOMOKA DRIVE
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VP () Delete
Name: MOSELEY, BEAR
Address: 392 CADDIE DR.
City-St-Zip: DEBARY, FL 327134513

Title: SEC () Delete
Name: ROBINSON, TOM
Address: P.O. BOX 740022
City-St-Zip: ORANGE CITY, FL 32774

Title: DIR () Delete
Name: BROWN, CALVIN
Address: 2678 WILMHURST RD
City-St-Zip: DELAND, FL 327201469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: MOSELEY, BEAR
Address: 392 CADDIE DR.
City-St-Zip: DEBARY, FL 327134513

Title: DIR (X) Change () Addition
Name: ROBINSON, TOM
Address: P.O. BOX 740022
City-St-Zip: ORANGE CITY, FL 32774

Title: VP (X) Change () Addition
Name: BAKULA, MIKE
Address: 1113 PEARL STREET
City-St-Zip: DELAND, FL 327206545

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON GRAHAM

T

01/07/2007

Electronic Signature of Signing Officer or Director

Date