

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90034 025 ***150.00

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01112005 Chg-P CR2E034 (10/03)

DOCUMENT # F14028 1. Entity Name EYRE INVESTMENTS, INC.					
Principal Place of Business % DAVID C FISCHER 4400 PGA BLVD. SUITE 303 PALM BEACH GARDENS, FL 33410			Mailing Address % DAVID C FISCHER 4400 PGA BLVD. SUITE 303 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business C/O DAVID C. FISCHER Suite, Apt. #, etc. 4400 PGA BLVD., SUITE 900		3. Mailing Address C/O DAVID C. FISCHER Suite, Apt. #, etc. 4400 PGA BLVD. SUITE 900			
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		4. FEI Number 59-2095359	
Zip 33410		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, EMORY C. III 415 2ND AVENUE NORTH LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, DAVID C 4400 PGA BLVD SUITE 303 PALM BCH GRDNS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, DAVID C. 4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUGHAN, CRISPIN D 4400 PGA BLVD STE 303 PALM BCH GRDNS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUGHAN, CRISPIN D. 4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JORDAN, EMORY C. 415 2ND AVENUE NORTH LAKE WORTH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/12/05 561-626-8888 <small>Date Daytime Phone #</small>		