


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # F14428</b><br>1. Entity Name<br>EASI INVESTMENTS, INC. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>3001 ANNEZ WAY<br>DEBARY, FL 32713-7956 | Mailing Address<br>P O BOX 530956<br>DEBARY, FL 32753-0956 |
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**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2047852 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--|

6. Name and Address of Current Registered Agent

SENEZ, ERNEST J  
3001 ANNEZ WAY  
DEBARY, FL 32713

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and due if applicable. (NOTE: Registered Agent signature required when relating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SENEZ, ERNEST J<br>3001 ANNEZWAY<br>DEBARY, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>SENEZ, ANNE E<br>3001 ANNEZWAY<br>DEBARY, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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07/05/05-80004-009 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Anne E. Senez 6-28-05 386-851-0081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #