
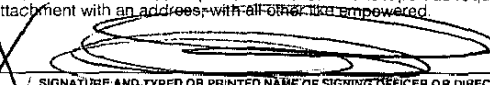


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91008 005 ***150.00

DOCUMENT # F47355 1. Entity Name ERIC EASTON INTERNATIONAL, INC.			
Principal Place of Business 5007 TAMIAMI TRAIL E., STE L-1 NAPLES, FL 34113		Mailing Address 5007 TAMIAMI TRAIL E., STE L-1 NAPLES, FL 34113	
2. Principal Place of Business 990 1st Ave. S. Suite #201 NAPLES FL		3. Mailing Address 990 1st Ave. S. Suite #201 NAPLES FL	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34102		Zip 34102	
Country USA		Country USA	
4. FEI Number 59-2145321		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EASTON, PAUL J 5007 TAMIAMI TRAIL E., STE L-1 NAPLES, FL 34113		7. Name and Address of New Registered Agent Name J. PAUL EASTON Street Address (P.O. Box Number is Not Acceptable) 6859 Old Banyan Way City NAPLES FL Zip Code 34109	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P NAME EASTON, IVY MARY STREET ADDRESS 687 BRIDGEWAY LN CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME EASTON, JOHN PAUL STREET ADDRESS 6859 OLD BANYAN WAY CITY-ST-ZIP NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: 		Date 4/19/04 Daytime Phone # (239) 262-5291	