


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90031 015 ***150.00

DOCUMENT # J04582
 1. Entity Name
AL EAYRS & ASSOCIATES, INC.



Principal Place of Business Mailing Address
 2529 KINGSLAND AVENUE 2529 KINGSLAND AVENUE
 P.O. BOX 581110 P.O. BOX 581110
 ORLANDO FL 32808 ORLANDO FL 32808



2. Principal Place of Business 3. Mailing Address
 2704 Rew Circle 2704 Rew Circle
 Suite 105 Suite 105

1st MOORE CR2E034 (10/05)

City & State City & State
 Ocoee FL Ocoee FL

4. FEI Number Applied For
 59-2579377 Not Applicable

Zip Country Zip Country
 34761 Orange 34761 Orange

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EAYRS, ALLAN F.
 2529 KINGSLAND AVENUE
 ORLANDO FL 32808

7. Name and Address of New Registered Agent
 Name: Eayrs, Allan F.
 Street Address (P.O. Box Number is Not Acceptable): 2704 Rew Circle
 Suite 105
 City: Ocoee FL Zip Code: 34761

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: *Alan F. Eayrs* DATE: 2/10/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	EAYRS, ALLAN	
STREET ADDRESS	9613 AMBLESIDE DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EAYRS, CHERYL	
STREET ADDRESS	9613 AMBLESIDE DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alan F. Eayrs* DATE: 2/10/06 DAYTIME PHONE #: 407.654-1565