

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90015 005 ***150.00

DOCUMENT # J04582

1. Entity Name
AL EAYRS & ASSOCIATES, INC.



Principal Place of Business

2704 RAW CIR
STE 105
OCOE, FL 34761

Mailing Address

2704 RAW CIR
STE 105
OCOE, FL 34761

40024524



01292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

2704 Raw Circle

3. Mailing Address

2704 Raw Circle

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Ocoee FL

City & State

Ocoee FL

Zip

34761

Country

Zip

34761

Country

4. FEI Number

59-2579377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EAYRS, ALLAN F.
2704 RAW CIR
OCOE, FL 34761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2704 Raw Circle

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME EAYRS, ALLAN
STREET ADDRESS 9613 AMBLESIDE DR
CITY - ST - ZIP WINDERMERE, FL 34786

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DVP ☐ Delete
NAME EAYRS, CHERYL
STREET ADDRESS 9613 AMBLESIDE DR
CITY - ST - ZIP WINDERMERE, FL 34786

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ 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 Chapter 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:

Allan F. Eayrs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/08 407-654-4865