

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90019 048 \*\*\*150.00

**DOCUMENT # L22120**

1. Entity Name

EOG, INC.



Principal Place of Business

992 EDEN ISLE DR., NE  
ST. PETERSBURG FL 33704  
US

Mailing Address

C/O JAMES W. DENHARDT  
2700 1ST AVE. N.  
ST. PETERSBURG FL 33707  
US

2. Principal Place of Business

13608 4th Avenue Northeast

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton, FL 34212

City & State

Zip

34212

Country

Zip

Country

4. FEI Number

59-2972833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENHARDT, JAMES W.  
2700 FIRST AVENUE NORTH  
ST PETERSBURG FL

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

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOVER, S. JOYCE 13608 4TH AVENUE NORTHEAST BUFFALO NY 14212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gover-Benz, S. Joyce 13608 4th Avenue Northeast Bradenton, FL 34212 <input checked="" 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
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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)(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 info empowered.

**SIGNATURE:** S. Joyce Gover-Benz **S. JOYCE GOVER-BENZ** 3-3-04 941-756-2932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #