

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 002 ***150.00

DOCUMENT # L30746 1. Entity Name EVENTIDE INVESTMENTS, INC.					
Principal Place of Business 10739 DEERWOOD PARK BLVD SUITE 103 JACKSONVILLE, FL 32256 US				Mailing Address 10739 DEERWOOD PARK BLVD SUITE 103 JACKSONVILLE, FL 32256 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052006 Chg-P CR2E034 (11/05)	
Zip		Zip		4. FEI Number 59-2908750	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, SYLVIA D. 10739 DEERWOOD PARK BLVD SUITE 103 JACKSONVILLE, FL 32256-2873				7. Name and Address of New Registered Agent 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 re-statuting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DP OTTENSTROER, DUANE L. 10739 DEERWOOD PARK BLVD, STE 1032 JACKSONVILLE, FL 322562873	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEBER, SYLVIA D. 3737 BRAMBLE ROAD JACKSONVILLE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMILTON, WENDY O 1638 MANDARIN MANOR ROAD JACKSONVILLE, FL 32223	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: <i>Sylvia D. Weber</i> SYLVIA D. WEBER, AS 4/13/06 904/399-5222					