


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L59230**

1. Entity Name  
**EASTERN INDUSTRIES INC.**



Principal Place of Business  
**C/O DAVID A WALL  
 6824 BAY LINE DRIVE  
 PANAMA CITY, FL 32404**

Mailing Address  
**PO BOX 59925  
 PANAMA CITY, FL 32412-0925**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3002384**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WALL, DAVID A  
 6824 BAY LINE DRIVE  
 PANAMA CITY, FL 32404**

**DO NOT WRITE IN THIS SPACE**

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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALL, MARGARET H 6824 BAY LINE DRIVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WALL, DAVID A 6824 BAY LINE DRIVE PANAMA CITY, FL 32405
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00000006312  
 01/16/04-80026-023 150.00

**DO NOT WRITE IN THIS SPACE**

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 information.

**SIGNATURE:** \_\_\_\_\_ **1/7/04** **(950) 769-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #