


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 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



01222008 No Chg-P CR2E034 (11/05)

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 re-instating)
 Signature, typed or printed name of registered agent and title if applicable 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

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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 02/12/08-00019-018-150-00

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 ~~the~~ empowered.

SIGNATURE:  **01/30/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #