



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M83516</b>	
1. Entity Name 90 EAST, INC.	

Principal Place of Business 10176 US 90 EAST LIVE OAK, FL 32060 US	Mailing Address 10176 US 90 EAST LIVE OAK, FL 32060 US
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DO NOT WRITE IN THIS SPACE

	
02022005	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-2937893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SKINNER, SUELLEN 10176 US HWY 90 LIVE OAK, FL 32060	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKINNER, RONALD F 10176 US 90 EAST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SKINNER, SUELLEN 10176 U-S 90 EAST LIVE OAK, FL 32060
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02/04/05-80038-014 150.00

DO NOT WRITE  
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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 like empowered	
SIGNATURE: <i>Suellen Skinner</i>	2-2-2005 386-362-1708
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>