


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90068 020 ****70.00

DOCUMENT # N03000001638 1. Entity Name THE NEW EAGLE EYE CLAN CORP			
Principal Place of Business 22429 NW LAKE MCKINZIE ALTHA, FL 32421		Mailing Address 22429 NW LAKE MCKINZIE ALTHA, FL 32421	
2. Principal Place of Business 22429 NW LAKE MCKINZIE Suite, Apt. #, etc. NONE		3. Mailing Address 22429 NW LAKE MCKINZIE Suite, Apt. #, etc. NONE	
City & State ALTHA, FL		City & State ALTHA, FL	
Zip 32421		Zip 32421	
Country CALHOUN		Country CALHOUN	
4. FEI Number 04-3744902		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGETSINGER, RONALD L 22429 NW LAKE MCKINZIE ALTHA, FL 32421		7. Name and Address of New Registered Agent Name RONALD L ARGETSINGER Street Address (P.O. Box Number is Not Acceptable) 22429 NW LAKE MCKINZIE BLVD City ALTHA, FL Zip Code 32421	
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 <u><i>Ronald L Argetsinger</i></u> DATE <u>1-17-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, SUSAN 10 SIMON CT PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, PAULA 20827 NW PALM RD ALTHA, FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATRUAT, COND 22295 NW LAKE MCKINZIE ALTHA, FL 32421 <input checked="" type="checkbox"/> Delete <i>Miss Spelled</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COUNCIL/DIRECTOR CARR TRUAX 22295 LAKE MCKINZIE BLVD ALTHA, FL 32421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGETSINGER, RONALD L 22429 NW LAKE MCKINZIE ALTHA, FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRUAT, WILLIAM L JR 22295 NW LAKE MCKINZIE ALTHA, FL 32421 <input checked="" type="checkbox"/> Delete <i>Miss Spelled</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-VC WILLIAM L TRUAX 22295 NW LAKE MCKINZIE ALTHA, FL 32421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARGETSINGER, HELEN R 22429 NW LAKE MCKINZIE ALTHA, FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 it 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 617, 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: <u><i>Helen R Argetsinger</i></u> <u>Helen R Argetsinger</u> <u>1-17-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			