

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90045 032 ****70.00

DOCUMENT # N03000001638

1. Entity Name

THE NEW EAGLE EYE CLAN CORP



Principal Place of Business

22429 NW LKE MCKINZIE
ALTHA FL 32421

Mailing Address

22429 NW LKE MCKINZIE
ALTHA FL 32421

00010513



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3744902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGETSINGER, RONALD L
22429 NW LAKE MCKINZIE BLVD.
ALTHA FL 32421

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

Ronald L Argetsinger

RONALD L Argetsinger

2/10/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D
NAME CAMP, PAULA ☐ Delete
STREET ADDRESS 20827 NW PALM RD
CITY-ST-ZIP ALTHA FL 32421

TITLE D ☐ Change ☒ Addition
NAME WILLIAM MCINTOSH
STREET ADDRESS 22429 NW LAKE MCKINZIE
CITY-ST-ZIP ALTHA, FL 32421

TITLE D ☒ Delete
NAME HOWARD, JUSTIN
STREET ADDRESS 5306 NW SKYLINE DR
CITY-ST-ZIP ALTHA FL 32421

TITLE D ☐ Change ☒ Addition
NAME LEWIS DAVIS
STREET ADDRESS 7688 NW PORTER GRADE
CITY-ST-ZIP ALTHA, FL 32421

TITLE P ☐ Delete
NAME ARGETSINGER, RONALD L
STREET ADDRESS 22429 NW LAKE MCKINZIE
CITY-ST-ZIP ALTHA FL 32421

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NOWLING, ROSS A II
STREET ADDRESS 4027 E HWY 388
CITY-ST-ZIP YOUNGSTOWN FL 32466

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME ARGETSINGER, HELEN R
STREET ADDRESS 22429 NW LAKE MCKINZIE
CITY-ST-ZIP ALTHA FL 32421

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Helen R Argetsinger

Helen R Argetsinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #