

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90029 007 ****70.00

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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.

3. Mailing Address

22429 NW LAKE MCKINZIE
Suite, Apt. #, etc.

City & State

ALTHA, FL

City & State

ALTHA, FL

4. FEI Number

04-3744902

Applied For

Not Applicable

Zip

32421

Country

CALHOUN

Zip

32421

Country

CALHOUN

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Ronald L Argetsinger

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

(NOTE: Registered Agent signature required when re-issuing)

3/24/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMP, PAULA	
STREET ADDRESS	20827 NW PALM RD	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCINTOSH, WILLIAM	
STREET ADDRESS	22429 NW LAKE MCKINZIE	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARGETSINGER, RONALD L	
STREET ADDRESS	22429 NW LAKE MCKINZIE	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOWLING, ROSS A II	
STREET ADDRESS	4027 E HWY 388	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARGETSINGER, HELEN R	
STREET ADDRESS	22429 NW LAKE MCKINZIE	
CITY-ST-ZIP	ALTHA FL 32421	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LEWIS	
STREET ADDRESS	7688 NW PORTER GRADE	
CITY-ST-ZIP	ALTHA FL 32421	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRA HICKS	
STREET ADDRESS	1135A 1st St.	
CITY-ST-ZIP	Southport, FL 32409	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Moore	
STREET ADDRESS	3036 LANE RD APT A	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN DRUGHON	
STREET ADDRESS	4027 E HWY 388	
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Ronald L Argetsinger

3/24/06