


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90074 015 ****70.00

DOCUMENT # N04000009065					
1. Entity Name ECLIPTIC INC.					
Principal Place of Business 186 PARKVIEW DRIVE PALM COAST, FL 32164			Mailing Address 186 PARKVIEW DRIVE PALM COAST, FL 32164		
2. Principal Place of Business 186 PARKVIEW DR Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Palm Coast, FL			City & State		
Zip 32164		Country FLA 1012		4. FEI Number 14-1912636	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALSTON, STANLEY E 52 B EMERSON DR PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name: ECLIPIC INC Street Address (P.O. Box Number is Not Acceptable): 186 PARKVIEW DR City: PALM COAST FL Zip Code: 32164		
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: <i>Stanley E Alston</i> DATE: 2/24/05 <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, 2005		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					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ALSTON, STANLEY E		STREET ADDRESS	52 B EMERSON DR	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA BANKS		NAME		
STREET ADDRESS	910 SOUTH ADRIAN AVE		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FLORIDA 32720		CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM ACKERMAN ACKERMAN		NAME		
STREET ADDRESS	85 PHASANT DR		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	CHIEF ADVISOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY AUGUSTUS		NAME		
STREET ADDRESS	6217 N WEST ST		STREET ADDRESS		
CITY-ST-ZIP	2340 DR BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Stanley E Alston</i> STANLEY E ALSTON				Date: 2/25/05 Daytime Phone #: 386-246-8897	