

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35221

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: EYAS CORPORATION

**Current Principal Place of Business:**

411 SCARLET SAGE  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

411 SCARLET SAGE  
PUNTA GORDA, FL 33955

**New Mailing Address:**

FEI Number: 65-0163614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAHNER, DR JOHN M  
411 SCARLET SAGE  
PUNTA GORDA, FL 33955 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TVP ( ) Delete  
Name: BOWKER, FRANK  
Address: 1415 VIA MILANESE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: T ( ) Delete  
Name: BAHNER, RUTH  
Address: 3525 ROSEAU DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: T ( ) Delete  
Name: STACK, GRETCHEN  
Address: 7325 SATSUMA DR  
City-St-Zip: PUNTA GORDA, FL 33955

Title: TT ( ) Delete  
Name: BAHNER, JOHN  
Address: 3525 ROSEAU DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: TS ( ) Delete  
Name: CAROON, LYNNE  
Address: 602 CHARLES AVE  
City-St-Zip: DEALE, MD 20751

Title: TP ( ) Delete  
Name: BAHNER, TODD  
Address: 2300 EVERGREEN  
City-St-Zip: PLANO, TX 75075

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: BOWKER, FRANK  
Address: 1415 VIA MILANESE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TVP (X) Change ( ) Addition  
Name: BURT, LAUREN  
Address: 221 SE 7TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. BAHNER

T

01/08/2007

Electronic Signature of Signing Officer or Director

Date