


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N35221 1. Entity Name EYAS CORPORATION	
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Principal Place of Business 411 SCARLET SAGE PUNTA GORDA, FL 33955	Mailing Address 411 SCARLET SAGE PUNTA GORDA, FL 33955
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DO NOT WRITE IN THIS SPACE

01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0163614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWKER, FRANK 1415 VIA MILANESE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAHNER, RUTH 3525 ROSEAU DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP BURT, LAUREN 221 SE 7TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BAHNER, JOHN 3525 ROSEAU DR PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CAROON, LYNNE 602 CHARLES AVE DEALE, MD 20751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BAHNER, TODD 2300 EVERGREEN PLANO, TX 75075

U00000809265
02/08/08-80015-016 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John M. Bahner* **John M. Bahner, Treasurer** 1-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #