

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

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90219 009 \*\*\*\*61.25

**DOCUMENT # N93000001644**

1. Entity Name

E.E.H.O. ASS'N, INC.



Principal Place of Business

12130 US HWY. 41, S.  
LOT 11  
GIBSONTON FL 33534  
US

Mailing Address

12130 US HWY. 41, S.  
LOT 62  
GIBSONTON FL 33534  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1223 WILD FEATHER LN  
SUN CITY CENTER FL  
33573 Hillsboro FL

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0415613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

COLLEEN S COOLEY  
12130 US HWY. 41, S.  
LOT 22  
GIBSONTON FL 33534

7. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOLEY, COLLEEN	
STREET ADDRESS	12130 US HWY 41 S LOT #22	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAEPKE, CAROLE	
STREET ADDRESS	12130 HIGHWAY 41 SOUTH LOT #60	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOZIER, WILLIAM	
STREET ADDRESS	12130 HIGHWAY 41 SOUTH, LOT #62	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUCH, PAT	
STREET ADDRESS	12130 HIGHWAY 41 SOUTH, LOT #52	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONALD, KAREN	
STREET ADDRESS	12130 HIGHWAY 41 SOUTH LOT #119	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 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:

*Colleen S Cooley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

Date

813-634-2224

Daytime Phone #