

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024105

FILED  
Feb 24, 2004  
Secretary of State

Entity Name: ECLIPSE AUTO TINTING & ACCESSORIES INC.

## Current Principal Place of Business:

4110 ENTERPRISE AVENUE #106  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

4110 ENTERPRISE AVENUE #106  
NAPLES, FL 34104 US

## New Mailing Address:

FEI Number: 59-3636490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, CLIFFORD  
1048 FRANK WHITEMAN BLVD  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

PHILLIPS, CLIFFORD  
8086 LAKE SAN CARLOS CIRCLE  
FORT MYERS, FL 33912 US

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: CLIFFORD PHILLIPS

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: PHILLIPS, CLIFFORD  
Address: 1048 FRANK WHITEMAN BLVD  
City-St-Zip: NAPLES, FL 34103

Title: VPS ( ) Delete  
Name: PHILLIPS, CAROL  
Address: 1048 FRANK WHITEMAN BLVD  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: PHILLIPS, CLIFFORD  
Address: 8086 LAKE SAN CARLOS CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: VPS (X) Change ( ) Addition  
Name: PHILLIPS, CAROL  
Address: 8086 LAKE SAN CARLOS CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD PHILLIPS

PT

02/24/2004

Electronic Signature of Signing Officer or Director

Date