

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90113 049 ***150.00

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1. Entity Name
E-DEAL INC.



Principal Place of Business
6007 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

Mailing Address
6007 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

60010070



03122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, BRIAN N
6007N TROPICAL TRAIL
MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COBP
ETHERIDGE, DIANA C
6007 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
ETHERIDGE, BRIAN N
6007 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ETHERIDGE, JULIANA L
601 HIGH STREET
DENVER, CO 80218

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 607, 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 B. Etheridge (BRIAN ETHERIDGE) 3-12-06 (921) 459-8765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #