


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90002 016 ***150.00

DOCUMENT # P00000049805 1. Entity Name DAVID TROY EADDY, INC.	
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Principal Place of Business 1651 NORTH KELLEY AVE. KISSIMMEE, FL	Mailing Address 5308 E. IRLBONSON PO BOX 701751 ST CLOUD, FL 34770-1751
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04070300



01232004 . No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643846	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**EADDY, DAVID T
5008 E. IRLBONSON MEM HWY
SAINT CLOUD, FL 34771**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	D EADDY, DAVID T 5308 E. IRLBONSON MEM HWY SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ANNE M 5308 E. IRLBONSON MEM HWY SAINT CLOUD, FL 34771
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**DO NOT WRITE
IN THIS SPACE**

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 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: Anne Eaddy ANNE EADDY 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #