

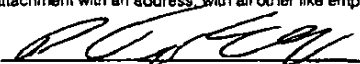


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

9/12/2005-90002-004-\$500.00-\$500.00

DOCUMENT # P00000049805 1. Entity Name DAVID TROY EADDY, INC.					
Principal Place of Business 1651 NORTH KELLEY AVE. KISSIMMEE, FL			Mailing Address 1651 NORTH KELLEY AVE. KISSIMMEE, FL 34771-8731		
2. Principal Place of Business 5308 E. IRLO BRONSON Suite, Apt. #, etc. MEM. HWY.		3. Mailing Address 5308 E. IRLO BRONSON MEM. HWY Suite, Apt. #, etc.			
City & State ST. CLOUD FL		City & State ST. CLOUD FL		4. FEI Number 59-3643846	
Zip 34771		Country OSCEOLA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EADDY, DAVID T 5008 E. IRLO BRONSON MEA. HWY SAINT CLOUD, FL 34771			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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 7/19/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$65.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EADDY, DAVID T 5308 E. IRLO BRONSON MEA. HWY SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060781615 10/19/05--01067--001 **\$8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, ANNE M 5308 E. IRLO BRONSON MEA. HWY. SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 7/19/05 <small>Date Daytime Phone #</small>	

FILED
05 OCT 11 PM 3:01
CLERK OF STATE
TALLAHASSEE, FLORIDA



07182005 Chg-P CR2E034 (10/03)