

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000049805

1. Entity Name
DAVID TROY EADDY, INC.



Principal Place of Business
5308 E. IRLO BRONSON MEM HWY
ST.CLOUD, FL 34771

Mailing Address
5308 E. IRLO BRONSON MEM HWY
ST.CLOUD, FL 34771



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3643846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EADDY, DAVID T
5008 E. IRLE BRONSON MEA. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME EADDY, DAVID T
STREET ADDRESS 5308 E. IRLD BRONSON MEA. HWY
CITY-ST-ZIP SAINT CLOUD, FL 34771

TITLE D
NAME CRUZ, ANNE M
STREET ADDRESS 5308 E. IRLD BRONSON MEA. HWY.
CITY-ST-ZIP SAINT CLOUD, FL 34771

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1000000628120
02/16/07-80002-012 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. EADDY

2/6/07

Date

Daytime Phone #