2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State
04-26-2005 90139 037 ***150.00

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1. Entity Name
KEITH EICHENBLATT, INC.

Principal Place of Business	Mailing Address
5953 BROKEN BOW LANE PORT ORANGE, FL 32127	PO BOX 290845 PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

05202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3659139
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EICHENBLATT, KEITH
5953 BROKEN BOW LANE
PORT ORANGE, FL 32127

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EICHENBLATT, KEITH
STREET ADDRESS	5953 BROKEN BOW LANE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 5/24/05 (386) 756-2276
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR — Date — Daytime Phone #