

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 042 ***150.00

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1. Entity Name
EYE TO EYE INVESTIGATIONS, INC.



Principal Place of Business
**12522 MEMORIAL HIGHWAY
#41
TAMPA, FL 33435**

Mailing Address
**PO BOX 260234
TAMPA, FL 33685**

40030000



2. Principal Place of Business - No P.O. Box #
12622 MEMORIAL HWY

3. Mailing Address

Suite, Apt. #, etc.
#41

Suite, Apt. #, etc.

03192008

Chg-P

CR2E034 (12/06)

City & State
TAMPA, FL

City & State

4. FEI Number
59-3699112

Applied For
Not Applicable

Zip
33635

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, LESTER L
9812 GIBSTON DR
RIVERVIEW, FL 33569**

Name
MARTIN, LESTER L
Street Address (P.O. Box Number is Not Acceptable)
**12622 MEMORIAL HWY
#41**
City **TAMPA** **FL** Zip Code **33635**

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 *Lester L. Martin* **LESTER L. MARTIN PRESIDENT** **03/20/08**
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VSTD** ☐ Delete
NAME **MARTIN, LESTER L**
STREET ADDRESS **9812 GIBSTON DR F-21**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MARTIN, LESTER L.**
STREET ADDRESS **12622 MEMORIAL HWY #41**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lester L. Martin* **LESTER L. MARTIN** **03/20/08** **813-484-3583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #