

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90007 008 \*\*\*150.00

**54056193**



<b>DOCUMENT # P01000068978</b> 1. Entity Name <b>EASY GOING ENTERPRISES, INC.</b>			
Principal Place of Business <b>2822 PROCTOR RD., SUITE A SARASOTA, FL 34231</b>		Mailing Address <b>2822 PROCTOR RD., SUITE A SARASOTA, FL 34231</b>	
<b>2646 51ST SRQ, FL 34234</b> 2. Principal Place of Business <b>4337 Eastwood Drive</b>		<b>2646 51ST</b> 3. Mailing Address <b>4337 Eastwood Drive</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Sarasota, FL.</b>		City & State <b>Sarasota, FL</b>	
Zip <b>34232 34234</b>		Zip <b>34232 34234</b>	
Country		Country	
4. FEI Number <b>65-1119400</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DEWALD, BRYAN T</b> <b>4337 EASTWOOD DR</b> <b>SARASOTA, FL 34232</b> <b>2646 51ST SRQ, FL 34234</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>DEWALD, BRYAN T</b> <b>2822 PROCTOR RD., SUITE A</b> <b>SARASOTA, FL 34231</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2646 51ST SRQ, FL 34234</b> <b>4337 Eastwood Drive</b> <b>Sarasota, FL 34232</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.			
<b>SIGNATURE: ✓ Bryan T Dewald 5-28-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	