## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # P01000102015



04-08-2005 90060 017 \*\*\*150.00

| 1. Entity Nam   | EEKSTONE SERVICES, IN  | C.   |   |   |   |   |                                     |                                       |   |
|---|--|--|---|---|---|---|-------------------------------------|---------------------------------------|---|
| Principal Plac  |  | Mailing Address  |   |   |   |   |                                     |                                       |   |
| 2201 NW 30TH PLACE  |  | 2201 NW 30TH PLACE<br>A  |   |   |   |   |                                     |                                       |   |
| POMPANO BEACH, FL 33069   |  | POMPANO BEACH, FL 33069  |   | 1115  | <br>  |   | <br>                                |                                       |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |   |   |   |                                     |                                       |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   | 0222200   | 5 Chg-P   | CR2E                                | 034 (10/03)                           |   |
| City & State  |  | City & State   |   | 4. FEI Nur<br>20-60   | mber<br>001525  |   |                                     | oplied For                            |   |
| Zip   | Country  | Zip  | Count   | try   |   | ate of Status Desi  | red 🔲                               | \$8.75 Ad                             | ditional                                    |
|   | 6. Name and Address of Current   | Registered Agent   | <del></del>   |   | 7. Name a   | ind Address of N  | ew Registered                       |                                       | ,,,   |
|   |  |  |   | Name  |   |   | <del>-</del>                        |                                       |   |
| 777 SOUT  | FAULI CORPORATE SERVICE<br>TH FLAGLER DRIVE, SUITE 50<br>LM BEACH, FL 33401  |  |   | Street Address (P.O. Box Number is Not Acceptable)  |   |   |                                     |                                       |   |
| 11201171  | EM BEAGN, TE GOTOT   |  |   |   |   |   |                                     |                                       |   |
|   |  |  | ļ   | City  |   |   | F                                   | Zip Cod                               | le  |
| 8. The above  | named entity submits this statement for  | r the purpose of changing it   | s registere   | ed office or regi   | istered agent, or   | both, in the State  |                                     |                                       | and accept                                  |
| the obligat   | lions of registered agent.   |  |   |   |   |   |                                     |                                       |   |
|   |  |  |   |   |   |   |                                     |                                       |   |
| SIGNATURE_  | Signature, typed or printed name of registered agent   | and title if applicable. (NO   | TE: Registered  | d Agent signature red   | quired when reinstating)  |   | DATE                                |                                       |   |
| FIL<br>After Ma   | Signature, typed or printed name of registered agent  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.   | 9. Election Campa  | aign Finan  | ncing   | quired when reinstating) \$5.00 May Be Added to Fees  |   | DATE                                |                                       |   |
| FIL<br>After Ma   | Signature, typed or printed name of registered agent  E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.  OFFICERS AND   | 9. Election Campo<br>Trust Fund Cor                                    | aign Finand<br>airribution.   | ocing .   | \$5.00 May Be<br>Added to Fees  |   |                                     |                                       |   |
| FIL After Ma  | Signature, typed or printed name of registered agent  E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.  OFFICERS AND  DV   | 9. Election Campa<br>Trust Fund Con                                    | aign Finand<br>atribution.  | ocing .   | \$5.00 May Be<br>Added to Fees  |   |                                     | ID DIRECTOR                           | S IN 11                                     |
| FIL<br>After Ma   | Signature, typed or printed name of registered agent  E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.  OFFICERS AND   | 9. Election Campo<br>Trust Fund Cor                                    | aign Finand<br>Itribution.  11.  TITLE NAME   | incing  | \$5.00 May Be<br>Added to Fees<br>ADDITION  | NS/CHANGES TO   | OFFICERS AN                         | Change                                |   |
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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