2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P01000117402 1. Entity Name ELDEE, INC. Mailing Address Principal Place of Business 205 SUNSET DRIVE DAYTON TN 37321 205 SUNSET DRIVE DAYTON TN 37321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2656439 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURDETT, RONNIE 316 E. 137TH AVE. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** City Zip Code 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete hitt Addition TITLE U00000283372 BURDETT, LARRY M NAME NAME 04/01/05-80025-010 150.00 205 SUNSET DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTON TN 37321 CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition IIILE BURDETT, DONNA J 205 SUNSET DRIVE STREET ADDRESS STREET ADDRESS CITY ST-ZIP **DAYTON TN 37321** CHY-ST-ZIP Change ☐ Addition Delete HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIF Change Addition ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete hitE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P HILE Change ☐ Addition HHE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CLTY - ST - ZIP 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)(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.

FILED