

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90027 050 ***150.00

DOCUMENT # P01000117402

1. Entity Name

ELDEE, INC.



Principal Place of Business

205 SUNSET DRIVE
DAYTON TN 37321

Mailing Address

205 SUNSET DRIVE
DAYTON TN 37321

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

10826 S BOUNDARY PIKE

3. Mailing Address

10826 S BOUNDARY PIKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

LYNN IN

City & State

LYNN IN

4. FEI Number

59-2656439

Applied For

Not Applicable

Zip

47351-9122

Country

RANDOLPH

Zip

47351-9122

Country

RANDOLPH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURDETT, STEVE
2531 W CREST AVE
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of new/registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BURDETT, LARRY M	
STREET ADDRESS	205 SUNSET DRIVE	
CITY-ST-ZIP	DAYTON TN 37321	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURDETT, DONNA J	
STREET ADDRESS	205 SUNSET DRIVE	
CITY-ST-ZIP	DAYTON TN 37321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY M BURDETT	
STREET ADDRESS	10826 S BOUNDARY PIKE	
CITY-ST-ZIP	LYNN, IN 47351-9122	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA J BURDETT	
STREET ADDRESS	10826 S BOUNDARY PIKE	
CITY-ST-ZIP	LYNN, IN 47351-9122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

Larry M Burdett

LARRY M BURDETT

3-10-08

(765)874-1767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #