

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90065 021 ***150.00

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1. Entity Name
EASYBIND CORPORATION



Principal Place of Business
**3491 PULL MALL DR
103
JACKSONVILLE, FL 32257**

Mailing Address
**3491 PULL MALL DR
103
JACKSONVILLE, FL 32257**



2. Principal Place of Business
3491 PULL MALL DRIVE

3. Mailing Address

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.

02202004 Chg-P CR2E034 (10/03)

City & State
Jacksonville

City & State

4. FEI Number
61-1402819

Applied For
☐ Not Applicable

Zip
32257

Country
Duval

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

**MILLS, CHARLENE
1008 ANDREA WAY
JACKSONVILLE, FL 32259**

Name **Charlene Millis**

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

3491 PULL MALL DRIVE

City **Jacksonville**

FL

Zip Code **32257**

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 **Charlene Millis**

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

(NOTE: Registered Agent signature required when reinstating)

4/20/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLS, CHARLENE
1008 ANDREA WAY
JACKSONVILLE, FL 32259** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
Frank Millis
1008 Andrea Way
Jacksonville, FL 32259** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROBERTSON, LACEY
413 E BUCKEY LANE
JACKSONVILLE, FL 32259** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Lauri Huotari
Atomite SF
00370 Helsinki Finland** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kent DALZELL
423 SW 8th Terrace
Ft. Lauderdale, FL 33312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
Charlene Millis
1008 Andrea Way
Jacksonville, FL 32259** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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.

SIGNATURE: **Charlene Millis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

DATE

(904) 880-2206

Daytime Phone #