

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038835

Entity Name: EYESPIKE CORPORATION

FILED
May 08, 2009
Secretary of State

Current Principal Place of Business:

204 SW KELLICHE GLN
LAKE CITY, FL 32024

New Principal Place of Business:

156 SW KELLICHE GLN
LAKE CITY, FL 32024

Current Mailing Address:

PO BOX 3546
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 04-3637376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLINT, PHILLIP N
204 SW KELLICHE GLN
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

BOATRIGHT, BRIAN K
156 SW KELLICHE GLN
LAKE CITY, FL 32024 US

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.

SIGNATURE: BRIAN K BOATRIGHT

05/08/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOATRIGHT, BRIAN K
Address: 156 SW KELLICHE GLN
City-St-Zip: LAKE CITY, FL 32024

Title: VD () Delete
Name: HESTON, MICHAEL D
Address: 195 SW BILLOWING GLN
City-St-Zip: LAKE CITY, FL 32024

Title: SD () Delete
Name: FLINT, PHILLIP N
Address: 204 SW KELLICHE GLN
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN K BOATRIGHT

PD

05/08/2009

Electronic Signature of Signing Officer or Director

Date