

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P02000067558

1. Entity Name
ETREAD, INC.



Principal Place of Business
**5411 WEST TYSON AVENUE
TAMPA, FL 33611**

Mailing Address
**5411 WEST TYSON AVENUE
TAMPA, FL 33611**



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0871310

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEARNEY, JOHN E JR
5411 W TYSON AVENUE
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCLOY, ALFRED A
STREET ADDRESS	5411 W TYSON AVENUE
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	PDCE
NAME	KEARNEY, JOHN E SR
STREET ADDRESS	5411 W TYSON AVENUE
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	DCH
NAME	TOMION, JON
STREET ADDRESS	5411 WEST TYSON AVENUE
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	DVPS
NAME	KEARNEY, JOHN E JR
STREET ADDRESS	5411 W TYSON AVENUE
CITY-ST-ZIP	TAMPA, FL 33611

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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 Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/06
Date

(813) 831-4490
Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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05/20/06-80040-016-558-75