

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000133948	
1. Entity Name EASY PRO SOURCE, INC.	

Principal Place of Business P. O. BOX 8337 LONGBOAT KEY, FL 34228	Mailing Address P. O. BOX 8337 LONGBOAT KEY, FL 34228
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DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1040992	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEMIKE, KERRI D 1072 TRUMAN STREET NOKOMIS, FL 34275
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**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMIKE, JOSEPH D 1072 TRUMAN STREET NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SOKOLIS, THOMAS R 4640 72ND COURT EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, JOAN P.O. BOX 8337 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DEMIKE, KERRI D 1072 TRUMAN STREET NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000431492
02/23/06-80030-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Joseph Demike Joseph Demike 2/8/06 941-486-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #