
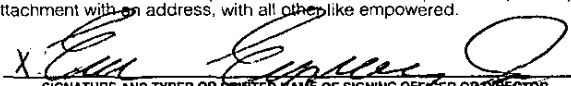


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90087 026 ***150.00

DOCUMENT # P03000017941 1. Entity Name EISNAUGLE ENTERPRISES, INC.		
Principal Place of Business 2400 COUNTRY CLUB ROAD SEBRING FL 33872		Mailing Address 2400 COUNTRY CLUB ROAD SEBRING FL 33872
2. Principal Place of Business 4141 U.S. 27 N Suite, Apt. #, etc. Suite #1 City & State Sebring, FL Zip 33870	3. Mailing Address 4141 U.S. 27 N Suite, Apt. #, etc. Suite #2 City & State Sebring, FL Zip 33870	
Country Highlands	Country Highlands	
4. FEI Number 55-0818179		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAPP, KIMBERLY L 401 DAL HALL BLVD LAKE PLACID FL 33852		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISNAUGLE, ERIC 2400 COUNTRY CLUB ROAD SEBRING FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



MOORE CR2E034 (11/03)

1-23-04 863-402-2300
Date Daytime Phone #