

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90051 031 \*\*\*150.00

**DOCUMENT # P03000032374**

1. Entity Name  
**EUBIE INC.**



Principal Place of Business  
**1306 HERITAGE ACRES  
ROCKLEDGE FL 32955**

Mailing Address  
**P.O. BOX 561317  
ROCKLEDGE FL 32956-1317**



2. Principal Place of Business - No P.O. Box #  
**375 RICHARD ROAD**

3. Mailing Address  
**1553 SILICON AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ATTN: JEAN CURRAN**

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **45-0507233**

Applied For

Not Applicable

**ROCKLEDGE, FL**

**MELBOURNE, FL**

Zip  
**32955**

Country  
**USA**

Zip  
**32940**

Country  
**USA**

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**

**EUBANK, MICHAEL J  
1306 HERITAGE ACRES  
ROCKLEDGE FL 32955**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**375 RICHARD ROAD**

City  
**ROCKLEDGE**

**FL**

Zip Code  
**32955**

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, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$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	DP EUBANK, MICHAEL J 1306 HERITAGE ACRES ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY ST ZIP	6760 STILLPOINT DRIVE MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Michael J. Eubank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL J. EUBANK, PRESIDENT

1/18/2007

321-636-2377

Date

(Daytime Phone #)