

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000082863**

1. Entity Name  
**EBS ENTERPRISES, INC.**



Principal Place of Business: **2326 ANGEL ROAD SE PALM BAY, FL 32909**

Mailing Address: **2326 ANGEL ROAD SE PALM BAY, FL 32909**

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number: **20-0119571** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent

**SHANNON, ERIC**  
**2326 ANGEL ROAD SE**  
**PALM BAY, FL 32909**

**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: *Eric Shannon* **Eric Shannon** DATE: 4/23/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHANNON, ERIC
STREET ADDRESS	2326 ANGEL ROAD
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	DST
NAME	SHANNON, BARBARA
STREET ADDRESS	2326 ANGEL ROAD
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	MODUGNO, STEVEN
STREET ADDRESS	2326 ANGEL ROAD
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000730048  
 05/08/07-80063-018 150.00

**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: *Barbara Shannon* **BARBARA SHANNON** **DST** **321-4098443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #