


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000094749</b> 1. Entity Name EOM CONSULTING SERVICE, INC.	
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Principal Place of Business 9378 ARLINGTON EXPRESSWAY #134 JACKSONVILLE, FL 32225	Mailing Address 9378 ARLINGTON EXPRESSWAY #134 JACKSONVILLE, FL 32225
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**DO NOT WRITE IN THIS SPACE**



07202006 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0568837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEPER, RICHARD C JR  
8833 PERIMETER PARK BLVD  
SUITE 602  
JACKSONVILLE, FL 32216

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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 reissuing) DATE

<b>FILE NOW!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JEFFREY 9378 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225
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07/25/06-80002-017 158.75

**DO NOT WRITE  
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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:** Jeffrey H. Jones **JEFFREY H. JONES** 07/24/06 207 332-2577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #