

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000153322

1. Entity Name
EATON TRUST, INC.



Principal Place of Business
4 BALFOUR ROAD
PALM BEACH GARDENS, FL 33418

Mailing Address
4 BALFOUR ROAD
PALM BEACH GARDENS, FL 33418



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1617068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HINTZ, DON
4 BALFOUR ROAD
PALM BEACH GARDENS, FL 33418

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000605977
01/30/07-80060-008 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HINTZ, DON
STREET ADDRESS 4 BALFOUR ROAD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE D
NAME KEARNEY, MIKE
STREET ADDRESS 9512 BRIAN JAC
CITY-ST-ZIP GREAT FALLS, VA 22066

TITLE D
NAME COUTURE, CHRIS
STREET ADDRESS 5124 BELVEDERE RD.
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE D
NAME GREENBERG, JOHN
STREET ADDRESS 5 BALFOUR ROAD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

1/29/07

Date

Daytime Phone #