

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 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



04192008

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

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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05/13/08-80016-015 150.00

**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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON HINTZ

Date

4/17/08

Daytime Phone #