## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000153322

Entity Name: EATON TRUST, INC.

Address:

City-St-Zip:

5 BALFOUR ROAD

PALM BEACH GARDENS, FL 33418

FILED Apr 14, 2009 Secretary of State

y	Extract most, inte.	
Current P	rincipal Place of Business:	New Principal Place of Business:
4 BALFOUR ROAD PALM BEACH GARDENS, FL 33418		4 BALFOUR ROAD E PALM BEACH GARDENS, FL 33418
Current M	lailing Address:	New Mailing Address:
4 BALFOL PALM BEA	JR ROAD ACH GARDENS, FL 33418	4 BALFOUR ROAD E PALM BEACH GARDENS, FL 33418
FEI Number	: 42-1617068 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
HINTZ, DO 4 BALFOL PALM BEA		HINTZ, DON 4 BALFOUR ROAD E PALM BEACH GARDENS, FL 33418 US
	e named entity submits this statement for the e of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATURE: DON HINTZ		04/14/2009
	Electronic Signature of Registered	Agent Date
Election Car	mpaign Financing Trust Fund Contribution ( ).	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P ( ) Delete HINTZ, DON 4 BALFOUR ROAD PALM BEACH GARDENS, FL 33418	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete KEARNEY, MIKE 9512 BRIAN JAC GREAT FALLS, VA 22066	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete COUTURE, CHRIS 5124 BELVEDERE RD. WEST PALM BEACH, FL 33415	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name:	D () Delete GREENBERG, JOHN	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DON HINTZ PRES 04/14/2009