


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000033070</b> 1. Entity Name ETOILE INVESTMENT, INC.	
---	---

Principal Place of Business 506 GULF BLVD UNIT 504 INDIAN ROCKS BEACH, FL 33785	Mailing Address 506 GULF BLVD UNIT 504 INDIAN ROCKS BEACH, FL 33785
---	---



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0804827	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**

MINTON, TONI  
506 GULF BLVD UNIT 504  
INDIAN ROCKS BEACH, FL 33785

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, TONI 506 GULF BLVD UNIT 504 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, MICHAEL 506 GULF BLVD UNIT 504 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000864249  
04/04/08-80006-014 150.00

**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:** *Toni Minton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08 727-596-1808  
Date Daytime Phone #