

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000049742

1. Entity Name *EBonix Clothing Company*



**FILED**

06 MAY -1 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5962 Blountstown Hwy*

Suite, Apt. #, etc.

*#3*

3. Mailing Address

*5962 Blountstown Hwy*

Suite, Apt. #, etc.

*Apt 3*

City & State

*Tallahassee*

City & State

*Tallahassee FL*

Zip

*32310*

Country

*Leon*

Zip

*32310*

Country

*Leon*

4. FEI Number

*77-0628148*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034B (8/05)

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Antonio Williams*

Street Address (P.O. Box Number is Not Acceptable)

*5962 Blountstown Hwy Apt 3#*

City

*Tallahassee*

FL

Zip Code

*32310*

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

*Antonio Williams*

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/1/06*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

*CEO Antonio Williams  
5962 Blountstown Hwy 3#  
32310 Tallahassee FL*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**900074861619  
05/19/06--01026--008 \*\*150.00**

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*5/1/06*

*950)345/1785*

Daytime Phone #