

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 047 ***150.00

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| DOCUMENT # P04000061305 | | | | | |
| 1. Entity Name E&H MERCHANDISE, INC. | | | | | |
| Principal Place of Business 2005 LAS PALMAS CIR ORLANDO, FL 32822 | | | Mailing Address 2005 LAS PALMAS CIR ORLANDO, FL 32822 | | |
| 2. Principal Place of Business 5407 W. IRLO BRONSON HWY Suite, Apt. #, etc. D47 City & State Kissimmee, Florida Zip 34746 Country ORLANDO | | 3. Mailing Address 5407 W. IRLO BRONSON HWY Suite, Apt. #, etc. D47 City & State Kissimmee, FL Zip 34746 Country ORLANDO | | | |
| 4. FEI Number 04202005 Chg-P CR2E034 (10/03) 20-1022837 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRANCO, ERICA 2005 LAS PALMAS CIR ORLANDO, FL 32822 | | | 7. Name and Address of New Registered Agent Name ERICA FRANCO Street Address (P.O. Box Number is Not Acceptable) 5407 W. IRLO BRONSON HWY #D47 City Kissimmee FL Zip Code 34746 | | |
| 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: <u>ERICA FRANCO</u> DATE: <u>4/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS FRANCO, ERICA 2005 LAS PALMAS CIR ORLANDO, FL 32822 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIP/S ERICA FRANCO 5407 W IRLO BRONSON HWY #D47 KISSIMMEE, FLORIDA 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VT MANZOOR, HAMID 2005 LAS PALMAS CIR ORLANDO, FL 32822 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SAJIDA GASMIN 2005 LAS PALMAS DR ORLANDO, FLORIDA 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>ERICA FRANCO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/20/05 407-396-9879 <small>Date Daytime Phone #</small> | | |