

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90137 021 ***150.00

DOCUMENT # P04000153309

1. Entity Name
E.O.Y. RECORDS, INC.



Principal Place of Business
1441 TAMiami TRAIL - # 385
PT CHARLOTTE, FL 33948

Mailing Address
1441 TAMiami TRAIL - # 385
PT CHARLOTTE, FL 33948

50046780



2. Principal Place of Business
1441 Tamiami Trail 385
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State
Port Charlotte FL
Zip
33948

City & State

4. FEI Number
201977580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEEDHAM, PHUONG M
1441 TAMiami TRAIL - # 385
PT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name
Rachelle Cox
Street Address (P.O. Box Number is Not Acceptable)
517 NEED AVE
City
North Port FL Zip Code
34286

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: Rachelle Cox

4-28-05

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, 2005 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
D
COX, RACHELLE L ☐ Delete
STREET ADDRESS
1441 TAMiami TRAIL - # 385
CITY-ST-ZIP
PT CHARLOTTE, FL 33948

TITLE
NAME
D
NEEDHAM, PHUONG M ☒ Delete
STREET ADDRESS
1441 TAMiami TRAIL - # 385
CITY-ST-ZIP
PT CHARLOTTE, FL 33948

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P.S.T
STREET ADDRESS
CITY-ST-ZIP
Cox Rachelle L ☒ Change ☐ Addition

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rachelle Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 941-627-3937

Date

Daytime Phone #

ATTACHMENT

Eyes on You Model Management, Inc.
1441 Tamiami Trail, Suite 385
Port Charlotte, Florida 33948
Attention: Rachelle L. Cox.

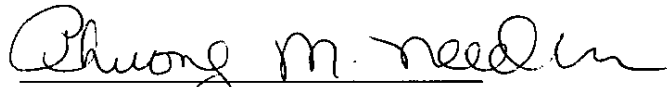
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January 7, 2005

Dear Madam Secretary:

Please let this letter serve as notice that I hereby resign my position as a director and as vice-president and treasurer of Eyes on You Model Management, Inc. effective this day, January 7, 2005.

Sincerely,


Phuong M. Needham