


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90054 025 ***150.00

DOCUMENT # P05000011729 1. Entity Name EB 1812, INC					
Principal Place of Business 6 GRANDVIEW DRIVE SHALIMAR, FL 32579			Mailing Address 6 GRANDVIEW DRIVE SHALIMAR, FL 32579		
2. Principal Place of Business 505 Mooney Road		3. Mailing Address 505 Mooney Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Walton Beach, FL		City & State Ft Walton Beach, FL		4. FEI Number 72-1594084	
Zip 32547		Country Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRON, DAVID 6 GRANDVIEW DRIVE SHALIMAR, FL 32579		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D BARRON, DAVID 6 GRANDVIEW DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, G. ROBERT 6 GRANDVIEW DRIVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete			
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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 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: _____ 2/2/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					