



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000084927			
1. Entity Name EDDIE'S OF VOLUSIA, INC.			
Principal Place of Business 1204 WASHINGTON STREET NEW SMYRNA BEACH, FL 32168 US		Mailing Address 1204 WASHINGTON STREET NEW SMYRNA BEACH, FL 32168 US	
DO NOT WRITE IN THIS SPACE			
		04302007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-3033180	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SMITH, BEATRICE L 1204 WASHINGTON STREET NEW SMYRNA BEACH, FL 32168		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 _____ <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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000755578 05/22/07-90107-002 150.00
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	SMITH, BEATRICE L		
STREET ADDRESS	1204 WASHINGTON STREET		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		
TITLE	VP		
NAME	HANKINS, PHILLIP D		
STREET ADDRESS	1204 WASHINGTON STREET		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Phillip D. Hankins</i> Phillip D. Hankins		Date 4-30-07	Daytime Phone # 386-258-8789