

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90155 009 \*\*\*150.00

DOCUMENT # P06000061379

1. Entity Name  
EASTERN-WESTERN VENTURES, INC.



Principal Place of Business  
4001 MCLANE DR.  
TAMPA, FL 33610

Mailing Address  
4001 MCLANE DR.  
TAMPA, FL 33610

60032024



2. Principal Place of Business - No P.O. Box #  
608 N. PARSONS AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
608 N. PARSONS AVENUE  
Suite, Apt. #, etc.

03282008 Chg-P CR2E034 (12/06)

City & State  
BRANDON, FL 33510

City & State  
BRANDON, FL 33510

4. FEI Number  
20-4827018

Applied For  
Not Applicable

Zip  
33510

Country

Zip  
33510

Country

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

## 6. Name and Address of Current Registered Agent

BENNETT, RICHARD C.  
4001 MCLANE DR.  
TAMPA, FL 33610

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
608 N. PARSONS AVENUE

City  
BRANDON

FL

Zip Code  
33510

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME BENNETT, RICHARD C.  
STREET ADDRESS 4001 MCLANE DR.  
CITY-ST-ZIP TAMPA, FL 33610

TITLE D ☐ Delete  
NAME LAING, JUDITH A.  
STREET ADDRESS 2900 W. AZEELE ST., UNIT L  
CITY-ST-ZIP TAMPA, FL 33609

TITLE DVS ☐ Delete  
NAME HUCKS, JOHN C.  
STREET ADDRESS P.O. BOX 737  
CITY-ST-ZIP NEW MEADOWS, ID 83654

TITLE D ☐ Delete  
NAME MOORE, SUE H.  
STREET ADDRESS P.O. BOX 737  
CITY-ST-ZIP NEW MEADOWS, ID 83654

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 608 N. PARSONS AVENUE  
CITY-ST-ZIP BRANDON, FL 33510

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-08

813-293-5693