

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 020 ***150.00

DOCUMENT # P06000073234

1. Entity Name

EASCO GROUP INC



Principal Place of Business

1375 JERSEY STREET
JACKSONVILLE FL 32205

Mailing Address

1375 JERSEY STREET
JACKSONVILLE FL 32205



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-1169074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSEY, JAMES H
1375 JERSEY STREET
JACKSONVILLE FL 32205

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

James H. Lindsey

Pres.

(NOTE: Registered Agent signature required when reinstating)

2-5-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME LINDSEY, JAMES H
STREET ADDRESS 1375 JERSEY STREET
CITY ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

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

TITLE VS
NAME LINDSEY, MARY L
STREET ADDRESS 1375 JERSEY STREET
CITY ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

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

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CITY ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James H. Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

2-5-07

Date

904-384-7649

Daytime Phone #