

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # P37006

1. Entity Name  
EIDETIK, INC.



Principal Place of Business  
236 N MAIN ST  
UNIONTOWN, KY 42461

Mailing Address  
P. O. BOX 128  
UNIONTOWN, KY 42461-0128



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1193608

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JAMISON, SHARON  
2700 ATLANTIC AVE  
FERNANDINA BEACH, FL 32034

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000062255  
02/23/04-80114-004 198.75

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	BEAVEN, WILLIAM F.
STREET ADDRESS	P.O. BOX 95, 191 PHILLIPS ROAD
CITY-ST-ZIP	UNIONTOWN, KY
TITLE	S
NAME	BEAVEN, MARSHA
STREET ADDRESS	191 PHILLIPS RD
CITY-ST-ZIP	UNIONTOWN, KY
TITLE	D
NAME	SUTTON, RUSSELL
STREET ADDRESS	1413 TAMASSE DRIVE
CITY-ST-ZIP	SENECA, SC
TITLE	DT
NAME	STEWART, TONY W
STREET ADDRESS	610 WALLER ST
CITY-ST-ZIP	UNIONTOWN, KY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Tony Stewart* TONY W. STEWARD

1-13-04 270-822-4218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #