2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061237

HELEEN, BONNIE

21 KNOLE LANE

DENNIS, MA

Name:

Address:

City-St-Zip:

Entity Name: EISINGER PUBLICATIONS, INC.

FILED Apr 08, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	KWOOD RIDG 「A, FL 34243	E ROAD			
Current Mailing Address:			New Mailing Address:		
	KWOOD RIDG 「A, FL 34243	E ROAD			
FEI Number	: 65-0433252	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
7648 LOC SARASO1	ORPH, HOWA KWOOD RIDG FA, FL 34243	E ROAD US	ournose of changing its registers	ed office or registered agent, or both,	
	e of Florida.	submits this statement for the p	our pose or changing its registere	a office of registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Ager			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () EISINGER, LAF 1207 THE TER SHELBURNE, V	RACES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () EISINGER, LAF 1630 11TH AVE ROCHESTER, I	ENUE NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () EISINGER, MA 713 MEADOWS CHARLOTTE, V	SIDE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY A EISINGER, SR. P 04/08/2009