

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000069587

1. Entity Name
EDDIE D'S PRO SHOP, INC.



Principal Place of Business
2200 NORTH FEDERAL HWY.
POMPANO BEACH, FL 33062

Mailing Address
2200 NORTH FEDERAL HWY.
POMPANO BEACH, FL 33062

954/785 7115



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3205132

App
Not

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

6. Name and Address of Current Registered Agent

DEATLEY, ED
2200 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

**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, a the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

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

000000151538
05/04/04-80053-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DEATLEY, EDDIE
2200 NORTH FEDERAL HWY.
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
DEATLEY, EDDIE
2200 NORTH FEDERAL HWY.
POMPANO BEACH, FL

TITLE
NAME
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NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(i), 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 11, as 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 #