


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90015 012 ***150.00

DOCUMENT # P93000074089	
1. Entity Name E.I.C. REALTY, INC.	

Principal Place of Business 5401 W KENNEDY BLVD SUITE 751 TAMPA, FL 33609-2484	Mailing Address 5401 W KENNEDY BLVD SUITE 751 TAMPA, FL 33609-2484
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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

04252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3207506	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORRIS, GREG 2325 ULMERTON RD STE 20 CLEARWATER, FL 33762	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MENEEL, VAN L <input checked="" type="checkbox"/> Delete 5401 W. KENNEDY BLVD. SUITE 751 TAMPA, FL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BULLARD, FRED B JR. <input type="checkbox"/> Delete 5401 W. KENNEDY BLVD. SUITE 751 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOOD, RENE M <input type="checkbox"/> Delete 5401 W. KENNEDY BLVD. SUITE 751 TAMPA, FL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, GREG <input type="checkbox"/> Delete 2325 ULMERTON RD STE 20 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MCNEEL, CLAYTON W <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5401 W KENNEDY BLVD, SUITE 751 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21P IS 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gregory D Morris 4/27/07 727-576-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #