


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90071 008 ***150.00

DOCUMENT # P94000044990	
1. Entity Name EASTERN HYDROELECTRIC CORPORATION	

Principal Place of Business 5802 HARTFORD ST. TAMPA, FL 33619	Mailing Address PO BOX 35236 SARASOTA, FL 34242 US
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2. Principal Place of Business P.O. Box 35236	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State
Zip 34242	Country USA



02272006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3257937	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: ROSE, ROBERT L. 5802 HARTFORD STREET TAMPA, FL 33619	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4120 Higel Avenue City Sarasota FL Zip Code 34242
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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, 2006 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, ROBERT L. <input type="checkbox"/> Delete 5802 HARTFORD ST. TAMPA, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 35236 Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Robert L. Rose 3/1/06 941-312-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #