

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90332 024 ***150.00

DOCUMENT # P95000027421 1. Entity Name THE EASON CORPORATION					
Principal Place of Business 618367 BRANDIES AVE CALLAHAN, FL 32011 US			Mailing Address 618367 BRANDIES AVE CALLAHAN, FL 32011 US		
2. Principal Place of Business 618367 DR. MARTIN <small>Suite, Apt. #, etc.</small> LUTHER KING JR. AVE		3. Mailing Address 618367 DR. MARTIN <small>Suite, Apt. #, etc.</small> LUTHER KING JR. AVE			
<small>City & State</small> CALLAHAN FL		<small>City & State</small> CALLAHAN FL		4. FEI Number 59-3306647	
<small>Zip</small> 32011		<small>Country</small> USA		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>Zip</small> 32011		<small>Country</small> USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EASON, DAVID 618367 BRANDIES AVE CALLAHAN, FL 32011			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> 618367 DR. MARTIN LUTHER KING JR. AVE <small>City</small> CALLAHAN FL <small>Zip Code</small> 32011		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	P EASON, DAVID 618367 BRANDIES AVE CALLAHAN, FL 32011		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45495 PETREE RD.	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	ST EASON, FAYE 618367 BRANDIES AVE CALLAHAN, FL 32011		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45495 PETREE RD	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Faye Eason Faye Eason</u>			Date: <u>4-12-05</u>		Daytime Phone #: <u>904-879-2295</u>