


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90020 028 \*\*\*150.00

|   |                                 |   |   |
|---|---------------------------------|---|---|
| <b>DOCUMENT # P96000019235</b><br>1. Entity Name<br><b>EICAM INDUSTRIES INC.</b>  |                                 |    |   |
| Principal Place of Business<br><b>11250-21 OLD ST AUGUSTINE RD<br/>JACKSONVILLE FL 32257<br/>US</b>   |                                 | Mailing Address<br><b>11250-21 OLD ST AUGUSTINE RD<br/>JACKSONVILLE FL 32257<br/>US</b>   |   |
| 2. Principal Place of Business<br><b>5111-4 Baymeadows Rd</b>   |                                 | 3. Mailing Address<br><b>5111-4 Baymeadows Rd</b>   |   |
| Suite, Apt. #, etc.<br>   |                                 | Suite, Apt. #, etc.<br>   |   |
| City & State<br><b>Jacksonville, FL</b>   |                                 | City & State<br><b>Jacksonville, FL</b>   |   |
| Zip<br><b>32117</b>   |                                 | Zip<br><b>32117</b>   |   |
| Country<br><b>DUVAL</b>   |                                 | Country<br><b>DUVAL</b>   |   |
| 6. Name and Address of Current Registered Agent<br><b>KING, DAVID A<br/>ATTORNEY AT LAW<br/>1416 KINGSLEY AVE<br/>ORANGE PARK FL 32073</b>  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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.<br>SIGNATURE: <i>Eugene Murray Secretary</i> DATE: <i>12 APR 04</i><br><small>Signature and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VP<br/>MURRAY, EUGENE I<br/>1915 WOODLAKE DR<br/>ORANGE PARK FL 32073</b>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P<br/>MURRAY, CATHY A<br/>1915 WOODLAKE DRIVE<br/>ORANGE PARK FL 32073</b>   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>  | <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: <i>Eugene Murray</i> <b>EUGENE I MURRAY SECRETARY</b>  |                                 | Date: <i>15 APR 04</i> Daytime Phone #  |   |