2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031141

Entity Name: EASTERN/GIRARD, INC.

NAPLES, FL 34108

City-St-Zip:

FILED Jan 05, 2007 Secretary of State

Littly Na	ME. LASTERIVOIRARD, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	NGTON CIRCLE			
UNIT # 92: NAPLES, I				
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
PO BOX 4 SUITE 33 NAPLES, I				
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
8459 ABBI UNIT 922	JOSEPH S. NGTON CIR FL 34108 US			
	named entity submits this statement for the of Florida.	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered A	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete GIRARD, JOSEPH S 8459 ABBINGTON CIRCLE, UNIT 922 NAPLES, FL 34108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PS () Delete GIRARD, ROBERTA L 8459 ABBINGTON CIRCLE, UNIT 922	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH S GIRARD D 01/05/2007