


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90203 021 \*\*\*150.00

**DOCUMENT # P97000015443**

1. Entity Name  
**EICHHOLZ ENTERPRISES, INC.**



Principal Place of Business  
**HILLIARD FLA.  
 551664 US HWY 1  
 HILLIARD, FL 32046**

Mailing Address  
**P.O. BOX 1444  
 HILLIARD, FL 32046-1444**

2. Principal Place of Business  
**Hilliard FLA**

3. Mailing Address  
**P.O. BOX 1444**

Suite, Apt. #, etc.  
**551664 US HWY 1**

Suite, Apt. #, etc.  
 \_\_\_\_\_

City & State  
**Hilliard FLA**

City & State  
**Hilliard FLA**

Zip  
**32046**

Country  
**MASSAN**

Zip  
**32046**

Country  
**MASSAN**

04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3421393**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**EICHHOLZ, WAYNE  
 2446 NORTH KING RD  
 HILLIARD, FL 32046**

**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)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
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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: *Wayne Eichholz* **05-10-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #