

2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90181 009 ***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

Suite, Apt. #, etc.

551678 US HWY 1

City & State
HILLIARD FLA

Zip Country
32046 NASSAU

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

EICHHOLZ, WAYNE

~~2446 NORTH KING RD~~ 551678 US HWY 1
HILLIARD FL 32046

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 ☐ Delete

NAME
EICHHOLZ, WAYNE
STREET ADDRESS ~~2446 N KINGS RD~~ 551678 US HWY 1
CITY-ST-ZIP
HILLIARD FL 32046

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
EICHHOLZ, CHHAI
STREET ADDRESS ~~2446 N KINGS ROAD~~ 551678 US HWY 1
CITY-ST-ZIP
HILLIARD FL 32046

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / 13 - 06

Date

Daytime Phone #