


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90067 026 \*\*\*150.00

<b>DOCUMENT # P97000015443</b>			
1. Entity Name <b>EICHHOLZ ENTERPRISES, INC.</b>			
Principal Place of Business <b>HILLIARD FLA. 551664 US HWY 1 HILLIARD FL 32046</b>		Mailing Address <b>P.O. BOX 1444 HILLIARD FL 32046-1444</b>	
2. Principal Place of Business - No P.O. Box # <b>Dixie Motel</b> Suite, Apt. #, etc. <b>P.O. BOX 1444</b> City & State <b>Hilliard, FL</b> Zip <b>32046</b> Country <b>USA</b>		3. Mailing Address <b>P.O. BOX 1444</b> Suite, Apt. #, etc. <b>HILLIARD, FL</b> City & State <b>HILLIARD, FL</b> Zip <b>32046</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>EICHHOLZ, WAYNE 551678 US HWY 1 HILLIARD FL 32046</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 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:** *Wayne Eichholz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-07**

Date

Daytime Phone #