

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90028 022 \*\*\*150.00

**DOCUMENT # P97000015443**

1. Entity Name

EICHHOLZ ENTERPRISES, INC.



Principal Place of Business

DIXIE MOTEL  
PO BOX 1444  
HILLIARD FL 32046

Mailing Address

P.O. BOX 1444  
HILLIARD FL 32046-1444



2. Principal Place of Business - No P.O. Box #

DIXIE MOTEL

Suite, Apt. #, etc.

551678 US HWY 1

City & State

Hilliard, FL

Zip

32046

Country

NASSAN

3. Mailing Address

P.O. BOX 1444

Suite, Apt. #, etc.

City & State

Hilliard, FL

Zip

32046

Country

NASSAN

1st MOORE

CR2E034 (10/07)

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  
551678 US HWY 1  
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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May-1, 2008 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OP  
EICHHOLZ, WAYNE  
551678 US HWY 1  
HILLIARD FL 32046 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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EICHHOLZ, CHHAI  
551678 US HWY 1  
HILLIARD FL 32046 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

3-7-08 904-845-4103

Date

Daytime Phone #