

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90025 033 ***150.00

DOCUMENT # P97000099902

1. Entity Name
EASTERN ASSET MANAGEMENT, INC.



Principal Place of Business
3307 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33403

Mailing Address
3307 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33403

40071342



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0800261

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, WILLIAM F
3307 NORTHLAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403 *33403*

**DO NOT WRITE
IN THIS SPACE**

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) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CROSSEN, JOSEPH F
STREET ADDRESS 3307 NORTHLAKE BLVD SUITE 107
CITY-ST-ZIP PALM BEACH GARDENS, FL 33403

TITLE VD
NAME LEWIS, WILLIAM F
STREET ADDRESS 3307 NORTHLAKE BLVD SUITE 107
CITY-ST-ZIP PALM BEACH GARDENS, FL 33403

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William F. Lewis* **WILLIAM F. LEWIS** *SEC/TREAS* **4-14-08** *265-626-2778*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #