

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000010879					
1. Entity Name EYSTER AND MURRELL, INC.					
Principal Place of Business 111 ASHFORD DRIVE WINTER SPRINGS FL 32708			Mailing Address 111 ASHFORD DRIVE WINTER SPRINGS FL 32708		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3497897	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEGANO, JOSEPH U 111 ASHFORD DRIVE WINTER SPRINGS FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	Delete	TITLE	NAME	Change
NAME	DEGANO, JOSEPH U	<input type="checkbox"/>	NAME	U000000075195	<input type="checkbox"/>
STREET ADDRESS	111 ASHFORD DRIVE		STREET ADDRESS	03/03/04-80046-021 150.00	<input type="checkbox"/>
CITY- ST- ZIP	WINTER SPRINGS FL 32708		CITY- ST- ZIP		<input type="checkbox"/>
TITLE	NAME	Delete	TITLE	NAME	Change
NAME	DEGANO, CAROL A	<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS	111 ASHFORD DRIVE		STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP	WINTER SPRINGS FL 32708		CITY- ST- ZIP		<input type="checkbox"/>
TITLE	NAME	Delete	TITLE	NAME	Change
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP			CITY- ST- ZIP		<input type="checkbox"/>
TITLE	NAME	Delete	TITLE	NAME	Change
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP			CITY- ST- ZIP		<input type="checkbox"/>
TITLE	NAME	Delete	TITLE	NAME	Change
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP			CITY- ST- ZIP		<input type="checkbox"/>
TITLE	NAME	Delete	TITLE	NAME	Change
NAME		<input type="checkbox"/>	NAME		<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/>
CITY- ST- ZIP			CITY- ST- ZIP		<input type="checkbox"/>
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: <u>Joseph U Degano</u> Joseph U Degano <u>2/29/04</u> <u>407-359-1985</u>					