

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90031 012 ***150.00

DOCUMENT # P98000018336					
1. Entity Name EIDEL INVESTMENTS, INC.					
Principal Place of Business 1260 ALABAMA DR WINTER PARK, FL 32789 US			Mailing Address 1260 ALABAMA DR WINTER PARK, FL 32789 US		
2. Principal Place of Business 935 GREENTREE DR Suite, Apt. #, etc.		3. Mailing Address 935 GREENTREE DR Suite, Apt. #, etc.			
City & State WINTER PARK, FL Zip 32789 Country USA		City & State WINTER PARK, FL Zip 32789 Country USA		4. FEI Number 59-3501448	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUMPHRIES, J G 300 SOUTH ORANGE AVENUE SUITE 100 ORLANDO, FL 32801-3373			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EIDEL, H L 1260 ALABAMA DR 935 GREENTREE DR WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	H L & Paula Eidel <input type="checkbox"/> Change <input type="checkbox"/> Addition 935 Greentree Dr. Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EIDEL, PAULA 1260 ALABAMA DR 935 GREENTREE DR WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	H L & Paula Eidel <input type="checkbox"/> Change <input type="checkbox"/> Addition 935 Greentree Dr. Winter Park, FL 32789	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>H. L. Eidel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-16-06 407-628-8173</u> <small>Date Daytime Phone #</small>		