

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051395

Entity Name: EAST HAVEN, INC.

FILED
Jun 20, 2009
Secretary of State

Current Principal Place of Business:

3350 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

3350 DUNDEE ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

602 HORSESHOE CT. NE
WINTER HAVEN, FL 33881

FEI Number: 59-3583469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, JOHN N IV
3400 DUNDEE ROAD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

MAXWELL, JOHN N IV
602 HORSESHOE CT NE
WINTER HAVEN, FL 33881 US

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.

SIGNATURE:

06/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAXWELL, JOHN N IV
Address: 3400 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MAXWELL, LYNN S
Address: 3400 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAXWELL, JOHN N IV
Address: 602 HORSESHOE CT NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Change () Addition
Name: MAXWELL, LYNN S
Address: 602 HORSESHOE CT. NE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN N MAXWELL IV

D

06/20/2009

Electronic Signature of Signing Officer or Director

Date