

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90022 043 ***150.00

DOCUMENT # P99000006524 1. Entity Name EAST HILL CD, INC.					
Principal Place of Business 2509 NORTH 12TH AVENUE PENSACOLA, FL 32503			Mailing Address 1301 W GARNER ST PENSACOLA, FL 32501		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3552125	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BASS AND SANDFORD ACCOUNTANTS 1301 W. GARNER STREET GARDEN ST PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD JONES, PAUL E 2509 NORTH 12TH AVENUE PENSACOLA, FL 32503 <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	
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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></u> 27 Jan 2004 840-432-1200 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01172004 Chg-P CR2E034 (10/03)

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

See Corrections
FL