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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

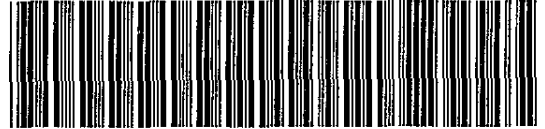
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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J. Shivers OCT 18 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EWALD ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ROBERT H. EWALD
(Name of Person)

EWALD ENTERPRISES, INC.
(Name of Firm/Company)

502 HALLOWELL CIRCLE.
(Address)

ORLANDO, FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT H. EWALD at (407) 275-1224/407-466-6
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tammy Ewald, hereby resign as Vice President
(Title)

of EWALD ENTERPRISES, Inc.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

Tammy Ewald
(Signature of Resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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