

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 003 ***150.00

DOCUMENT-# S12150

1. Entity Name

EADS & ASSOCIATES, INC.



Principal Place of Business

1096 N US HWY
STE 113
ORMOND BEACH FL 32174
US

Mailing Address

36 SAND DOLLAR DRIVE
ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

13 Audubon Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLAGLER BEACH, FL.

Zip

Country

Zip

Country

32136

U.S.A.

4. FEI Number

59-3035730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

EADS, VERONICA S.
36 SAND DOLLAR DRIVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

JAMES T. EADS

Street Address (P.O. Box Number is Not Acceptable)

13 AUDUBON LANE

City

FLAGLER BEACH FL

Zip Code

32136

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAMES T. EADS

4/19/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME EADS, JOHN T.
STREET ADDRESS 36 SAND DOLLAR DR.
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☒ Delete
NAME EADS, VERONICA S.
STREET ADDRESS 36 SAND DOLLAR DR.
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JAMES T. EADS ☒ Change ☐ Addition
NAME
STREET ADDRESS 13 AUDUBON LANE
CITY-ST-ZIP FLAGLER BEACH, FL. 32136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 386-6767322
Date Daytime Phone #