2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State
08-18-2006 90077 049 ***158.75

DOCUMENT # S14695

1. Entity Name
EEO, INC.

50025502

Principal Place of Business	Mailing Address
113 CENTER ST. JUPITER, FL 33458 US	PO BOX 3114 TEQUESTA, FL 33469-114 US

07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0227104
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOYLE, EVELYN, G
113 CENTER STREET
JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

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) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DOYLE, EVELYN, G
STREET ADDRESS	113 CENTER ST
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	DOYLE, EVELYN, G
STREET ADDRESS	113 CENTER ST
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Evelyn G. Doyle Evelyn G. Doyle Aug 14, 06 5617746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S14695

Entity Name

ED, INC.

Principal Place of Business	Mailing Address
3 CENTER ST. PITER FL 33458 S	PO BOX 3114 TEQUESTA FL 33469-114 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0227104 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOYLE, EVELYN, G 113 CENTER STREET JUPITER FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
ake Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PST DOYLE, EVELYN, G 113 CENTER ST JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D DOYLE, EVELYN, G 113 CENTER ST JUPITER FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE: Evelyn G. Doyle Pres. Evelyn G Doyle 561 1479295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
S06227102

ATTACHMENT
500255O2

EED Inc.
P.O. Box 3114
Sarasota, FL 33469
August 14, 06

Florida Dept. of State
Div. of Corporations

Re: EED INC
06 Annual Report
S14695

To Whom It May Concern:

On March 06 I filed my Annual Report together with ck. in Amount of $158.75 to cover renewal cost. Not until late July was I advised you had not received same. Endless to say, this perplexes me. I have checked my Bank Account & the check has not come back.

I spoke with your office today & was advised to complete & return the downloaded form together with ck. in Amount of $158.75. I am also enclosing copy of the original form sent in March.

If there are any problems, please phone me at 561 246-8398. Thank you for your consideration

Sincerely,
Enid F. Doyle
Pres.

Encl. (3)