


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # S36564 1. Entity Name EAKES INVESTMENT CORP.	
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Principal Place of Business 2101 WEST COMMERCIAL BLVD. SUITE 4800 FORT LAUDERDALE, FL 33309	Mailing Address 2101 WEST COMMERCIAL BLVD. SUITE 4800 FORT LAUDERDALE, FL 33309
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02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0314206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAQUINO, ANTHONY
2101 W. COMMERCIAL BLVD.
SUITE 4800
FT. LAUDERDALE, FL 33309

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EAKES, DORIS W PO BOX 149 KURE BEACH, NC 28449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EAKES, CARMEN A PO BOX 149 KURE BEACH, NC 28449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENSON, SUSAN 334 HIDDEN VALLEY ROAD WILMINGTON, NC 28409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000241365
02/24/05-80041-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan W. Stevenson

2/21/05

Date

910-458-6689

Daytime Phone #