


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S36564</b> 1. Entity Name EAKES INVESTMENT CORP.		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DEAQUINO, ANTHONY 2101 W. COMMERCIAL BLVD. SUITE 4800 FT. LAUDERDALE, FL 33309		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DO NOT WRITE IN THIS SPACE</b>
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		
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: <u>Susan W. Stevenson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/27/06</u> <u>910-458-6689</u> <small>Date Daytime Phone #</small>



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0314206

Applied For
Not Applicable

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

000000553489  
05/15/06-80051-019 150.00