

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # S36564

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**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0314206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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**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:

Susan W. Stevenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan W. Stevenson

2/22/08

DATE

910-458-6689

DAYTIME PHONE #