

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# U00009

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: EGGS AMERICA, INC.

## Current Principal Place of Business:

6003 W OVERLAND RD #204  
BOISE, ID 83709

## New Principal Place of Business:

## Current Mailing Address:

6003 W OVERLAND RD #204  
BOISE, ID 83709

## New Mailing Address:

FEI Number: 59-2513309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LASTOWSKI, KEVIN GM  
9565 COUNTY RD 476B  
BUSHNELL, FL 33513 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: WEAVER, TIMOTHY  
Address: 895 EAST MAIN  
City-St-Zip: VERSALLES, OH 45380

Title: D ( ) Delete  
Name: HODGES, BOB  
Address: #6 WOODSONG CIRCLE  
City-St-Zip: NEWARK, DE 19711

Title: D ( ) Delete  
Name: ELSTE, CHUCK  
Address: 720 SOUTH STOCKTON AVE  
City-St-Zip: RIPON, CA 95366

Title: D ( ) Delete  
Name: BOOKEY, BRIAN  
Address: 1930 MERRILL CREEK PARKWAY  
City-St-Zip: EVERETT, WA 98203

Title: D ( ) Delete  
Name: BAKER, DOLPH  
Address: 3320 W WOODROW WILSON  
City-St-Zip: JACKSON, MS 39207

Title: P ( ) Delete  
Name: FITZHUGH, LINDA  
Address: 6003 W OVERLAND RD #204  
City-St-Zip: BOISE, ID 83709

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CROCKETT, DAVID  
Address: 720 SOUTH STOCKTON AVE  
City-St-Zip: RIPON, CA 95366

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA FITZHUGH

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date