

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # V58178

1. Entity Name

ORAN EASTMAN & ASSOCIATES, INC.



Principal Place of Business

8424 CASTLE GARDEN RD
PALMETTO FL 34221
US

Mailing Address

PO BOX 21
PARRISH FL 34219
US

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

65-0375113

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

GRIMES, WILLIAM C.
1023 MANATEE AVENUE, WEST
BRADENTON FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME EASTMAN, ORAN S.
STREET ADDRESS 8424 CASTLE GARDEN RD
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000034931
CITY-ST-ZIP 02/05/04-80103-014 150.00

TITLE SD ☐ Delete
NAME EASTMAN, ROSEMARY
STREET ADDRESS 8424 CASTLE GARDEN RD
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME EASTMAN, DOUGLAS
STREET ADDRESS 8424 CASTLE GARDEN RD
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME EASTMAN, JEANETTE
STREET ADDRESS 8424 CASTLE GARDEN RD
CITY-ST-ZIP PALMETTO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Oran Eastman

ORAN S. EASTMAN

2-2-04

941-729-4476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #