


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GRIMES, WILLIAM C. 1023 MANATEE AVENUE, WEST BRADENTON FL 34205	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD EASTMAN, ORAN S. 8424 CASTLE GARDEN RD PALMETTO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP U00000240387 03/02/05-80025-005-150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP SD EASTMAN, ROSEMARY 8424 CASTLE GARDEN RD PALMETTO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP VD EASTMAN, DOUGLAS 8424 CASTLE GARDEN RD PALMETTO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP TD EASTMAN, JEANETTE 8424 CASTLE GARDEN RD PALMETTO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Oran S. Eastman **ORAN S. EASTMAN** 2-28-05 (941) 729-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #