

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11880

FILED
Jan 19, 2007
Secretary of State

Entity Name: EASTMOND ENTERPRISES, INC.

Current Principal Place of Business:

314 GUNNERY RD. 5
LEHIGH ACRES, FL 33971

New Principal Place of Business:

314 GUNNERY ROAD SOUTH
LEHIGH ACRES, FL 33971

Current Mailing Address:

314 GUNNERY RD. SOUTH
LEHIGH ACRES, FL 33971

New Mailing Address:

314 GUNNERY RD SOUTH
LEHIGH ACRES, FL 33971

FEI Number: 65-0327647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASTMOND, STANVILLE
309 MONROE AVENUE
LEHIGH ACRES, FL 33972 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EASTMOND, STANVILLE,
Address: 309 MONROE AVE
City-St-Zip: LEHIGH ACRES, FL

Title: T () Delete
Name: EASTMOND, MARILYN
Address: 309 MONROE AVE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANVILLE EASTMOND

D

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date