

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V11880

**Entity Name:** EASTMOND ENTERPRISES, INC.

**Current Principal Place of Business:**

314 GUNNERY ROAD SOUTH  
LEHIGH ACRES, FL 33973

**Current Mailing Address:**

314 GUNNERY RD SOUTH  
LEHIGH ACRES, FL 33973 US

**FEI Number:** 65-0327647

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EASTMOND, STANVILLE  
309 MONROE AVENUE  
LEHIGH ACRES, FL 33936 US

*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

**Officer/Director Detail :**

Title            D  
Name            EASTMOND, STANVILLE A  
Address        309 MONROE AVE  
City-State-Zip: LEHIGH ACRES FL 33936

Title            T  
Name            EASTMOND, MARILYN  
Address        309 MONROE AVE  
City-State-Zip: LEHIGH ACRES FL 33936

*I hereby 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 all other like empowered.*

**SIGNATURE:** STANVILLE EASTMOND

**TREASURER**

**03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date