


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90079 021 ****61.25

DOCUMENT # 756901					
1. Entity Name ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.					
Principal Place of Business 150 SO POLK ARCADIA FL 34266		Mailing Address 150 SO POLK ARCADIA FL 34266			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1873449	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent CANTER, STEVE 1554 WHISPERING PINE DR ARCADIA FL 34266			7. Name and Address of New Registered Agent		
			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 <i>Steve A. Canter</i>				DATE 1/26/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, JAMES		NAME		
STREET ADDRESS	1508 SE AIRPORT RD		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, GEORGE		NAME		
STREET ADDRESS	1625 CIVE ASH RD		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTER, STEVE		NAME		
STREET ADDRESS	1554 SE WHISPERING PINE DR		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERING, VINCE		NAME		
STREET ADDRESS	810 WALDON ST		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLE, TOMMY W		NAME		
STREET ADDRESS	5901 DUNCAN ROAD #4		STREET ADDRESS		
CITY-ST-ZIP	PONTA GONDA FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	RONALD ECCLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRINGTON, RON		NAME	1711 CROSS AVE	
STREET ADDRESS	22 MICHIGAN AVE		STREET ADDRESS	ARCADIA, FL 34266	
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1873449** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: