

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90036 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000075040**

1. Corporation Name  
**SILVER EAGLE BUSINESS CONSULTING, INCORPORATED**



Principal Place of Business  
 2311 NW LAKEVIEW DR.  
 SEBRING FL 33870

Mailing Address  
 2311 NW LAKEVIEW DR.  
 SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/26/1998**

4. FEI Number  
**65-0864016**

Applied For  
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, ROBERT D**  
**2311 NW LAKEVIEW DR.**  
**SEBRING FL 33870**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D/C	<input type="checkbox"/> DELETE
NAME	Robert D. Wood	
STREET ADDRESS	2311 NW Lakeview Drive	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	T/S/D	<input type="checkbox"/> DELETE
NAME	Barbara B. Wood	
STREET ADDRESS	2311 NW Lakeview Drive	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Elaine L. Wood	
STREET ADDRESS	11974 Cardamom Drive	
CITY-ST-ZIP	Woodbridge, VA 22192	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Amy L. Wood	
STREET ADDRESS	505 2nd Ave NE Apt 14	
CITY-ST-ZIP	Ruskin, FL 33570	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Paul Huszar	
STREET ADDRESS	806 131st St Court East	
CITY-ST-ZIP	Tacoma, WA 98445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Elise W. Huszar	
STREET ADDRESS	806 131st St Court East	
CITY-ST-ZIP	Tacoma, WA 98445	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara B. Wood Barbara B. Wood 1/19/99 (941) 314-8816

CR2E034 (1/1998)