


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90047 004 \*\*\*158.75

<b>DOCUMENT # P04000081508</b>	
1. Entity Name <b>EAGLE UNDERGROUND, INC.</b>	

Principal Place of Business <b>4200 S.E. 44 AVENUE ROAD OCALA, FL 34480-8873</b>	Mailing Address <b>4200 S.E. 44 AVENUE ROAD OCALA, FL 34480-8873</b>
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01082006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1261983</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RIAUBIA, MARK J  
4200 SE 44TH AVENUE ROAD  
OCALA, FL 34480-8873**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES RIAUBIA, MARK J 4400 SE 44TH AVENUE ROAD OCALA, FL 34480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE RIAUBIA, DOROTHY 4400 SE 44TH AVENUE ROAD OCALA, FL 34480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA RIAUBIA, MARK J 4400 SE 44TH AVENUE ROAD OCALA, FL 34480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECR RIAUBIA, DOROTHY 4400 SE 44TH AVENUE ROAD OCALA, FL 34480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Mark J. Riaubia* **1.9.2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #