

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000026832

**Entity Name:** LIPSCOMB & EAGLE DEVELOPMENT, INC.

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC8749172260**

**Current Principal Place of Business:**

184 SW DOMINOS WAY  
SUITE #104  
LAKE CITY, FL 32025

**Current Mailing Address:**

184 SW DOMINOS WAY  
SUITE #104  
LAKE CITY, FL 32025

**FEI Number:** 20-2222207

**Certificate of Status Desired:** No

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

EAGLE, THOMAS H  
184 SW DOMINOS WAY  
SUITE #104  
LAKE CITY, FL 32025 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	PD	Title	SD
Name	EAGLE, THOMAS H	Name	LIPSCOMB, MACK
Address	184 SW DOMINOS WAY SUITE #104	Address	184 SW DOMINOS WAY SUITE #104
City-State-Zip:	LAKE CITY FL 32025	City-State-Zip:	LAKE CITY FL 32025

*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:** THOMAS H EAGLE

PD

01/16/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date