


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90015 048 \*\*\*150.00

**50011953**

**DOCUMENT # 535986**  
 1. Entity Name  
**EAGLE PNEUMATIC, INC.**



Principal Place of Business      Mailing Address  
**3902 INDUSTRY BLVD.**      **3902 INDUSTRY BLVD.**  
**LAKELAND, FL 33811**      **LAKELAND, FL 33811**

**DO NOT WRITE IN THIS SPACE**



01052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1990655**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**KONDOLF, KARL Q.**  
**3902 INDUSTRY BLVD.**  
**LAKELAND, FL 33811**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KONDOLF, KARL Q.
STREET ADDRESS	3605 BRIDGEFIELD
CITY-ST-ZIP	LAKELAND, FL
TITLE	V
NAME	KONDOLF, KARL Q., JR.
STREET ADDRESS	5470 BLOOMFIELD BLVD
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	<del>ST</del>
NAME	<del>KONDOLF, HELEN C.</del>
STREET ADDRESS	<del>3605 BRIDGEFIELD</del>
CITY-ST-ZIP	<del>LAKELAND, FL</del>
TITLE	V
NAME	EVANS, PATRICK C
STREET ADDRESS	818 GRAN PASEO DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	ST
NAME	Kondolf, Kristina A.
STREET ADDRESS	6805 Forestwood Dr. West
CITY-ST-ZIP	Lakeland, Fl. 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #