


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90091 022 \*\*\*150.00

<b>DOCUMENT # 535986</b> 1. Entity Name <b>EAGLE PNEUMATIC, INC.</b>					
Principal Place of Business <b>3902 INDUSTRY BLVD.          LAKELAND FL 33811</b>			Mailing Address <b>3902 INDUSTRY BLVD.          LAKELAND FL 33811</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1990655</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KONDOLF, KARL Q.          3902 INDUSTRY BLVD.          LAKELAND FL 33811</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 <u><i>Karl Kondolf</i></u>				DATE <u><i>4-27-06</i></u>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reconstituting)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONDOLF, KARL Q.	NAME			
STREET ADDRESS	3605 BRIDGEFIELD	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONDOLF, KARL Q., JR.	NAME			
STREET ADDRESS	5470 BLOOMFIELD BLVD	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33810	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONDOLF, KRISTINA A	NAME			
STREET ADDRESS	6805 FORESTWOOD DR WEST	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVANS, PATRICK C	NAME			
STREET ADDRESS	818 GRAN PASEO DR	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>Kondolf, Helen</del>	NAME	<i>Vice President</i> <i>Helen Kondolf</i>		
STREET ADDRESS	<del>3605 Bridgefield</del>	STREET ADDRESS	<i>3605 Bridgefield</i>		
CITY-ST-ZIP	<del>Lakeland, FL 33811</del>	CITY-ST-ZIP	<i>Lakeland, FL 33811</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 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: <u><i>Karl Kondolf</i></u>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	