


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 020 ***150.00

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**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1990655 Not Applicable

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

01282008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent

KONDOLF, KARL Q.
3902 INDUSTRY BLVD.
LAKELAND, FL 33811

7. Name and Address of New Registered Agent

Name **Karl Kondolf JR**
 Street Address (P.O. Box Number is Not Acceptable)
3902 Industry Blvd
 City **Lakeland** FL Zip Code **33811**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input checked="" type="checkbox"/> Delete
NAME	KONDOLF, KARL Q.	
STREET ADDRESS	3605 BRIDGEFIELD	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KONDOLF, KARL Q., JR.	
STREET ADDRESS	5470 BLOOMFIELD BLVD	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KONDOLF, KRISTINA A	
STREET ADDRESS	6805 FORESTWOOD DR WEST	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVANS, PATRICK C	
STREET ADDRESS	818 GRAN PASEO DR	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KONDOLF, HELEN	
STREET ADDRESS	3605 BRIDGEFIELD	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karl Kondolf Q. Jr.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Karl Kondolf* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR