

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90027 017 ***150.00

DOCUMENT # 548815

1. Entity Name

FLORIDA EAGLE INDUSTRIES, INC.



Principal Place of Business

4000 NE 10TH WAY
POMPANO BEACH, FL 33064 US

Mailing Address

4000 NE 10TH WAY
POMPANO BEACH, FL 33064 US

64001184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1773471

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, C. GLENN
4875 N. FEDERAL HIGHWAY, 10TH FLOOR
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name Peter A. Portley

Street Address (P.O. Box Number is Not Acceptable)

2211 East Sample Road Suite 204

City Lighthouse Point

FL

Zip 33064-7590

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

Peter A. Portley

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 STEFANIK, ROBERT
STREET ADDRESS 911 S.W. 17TH ST.
CITY-ST-ZIP BOCA RATON, FL ☐ Delete

TITLE S
NAME STEFANIK, SHIRLEY
STREET ADDRESS 911 S.W. 17TH ST.
CITY-ST-ZIP BOCA RATON, FL ☐ Delete

TITLE V
NAME STEFANIK, RICHARD
STREET ADDRESS 4155 NW 67TH TERRACE
CITY-ST-ZIP CORAL SPRINGS, FL 33067 ☐ Delete

TITLE V
NAME STEFANIK, MICHAEL
STREET ADDRESS 450 SW 6TH AVE
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael R. Steinhilber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/04

Date

954-941-4414

Daytime Phone #