

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90036 036 \*\*\*150.00

**DOCUMENT # 677687**

1. Entity Name

EAGLE-ILLINOIS FARM CORP.



Principal Place of Business

FIRST MID-ILLINOIS BANK & TRUST  
1515 CHARLESTON AVE., ATTN: MARK C.  
MATTOON IL 61938  
US

Mailing Address

FIRST MID-ILLINOIS BANK & TRUST  
1515 CHARLESTON AVE., ATTN: MARK C.  
MATTOON IL 61938  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number  
59-2008582

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, PHILIP B JR  
3728 PHILLIPS HWY 39  
JACKSONVILLE FL 32207

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PDT ☐ Delete  
NAME PHILLIPS, PHILLIP B JR  
STREET ADDRESS 3728 PHILLIPS HWY 39  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE S ☐ Delete  
NAME RICKS, ALEX J  
STREET ADDRESS 601 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Delete  
NAME STAUDER, DR. CLAUS  
STREET ADDRESS 3728 PHILLIPS HWY. #39, C/O PHILLIPS, JR. P  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete  
NAME STAUDER, ROLF  
STREET ADDRESS 3728 PHILLIPS HWY. #39, C/O PHILLIPS, JR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32207

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32204

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32207

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32207

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

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:** Alex J. Ricks Alex J. Ricks 3/21/05 904 854 8759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #