


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90029 031 \*\*\*150.00

<b>DOCUMENT # 677687</b> 1. Entity Name <b>EAGLE-ILLINOIS FARM CORP.</b>					
Principal Place of Business <b>FIRST MID-ILLINOIS BANK &amp; TRUST</b> <b>1515 CHARLESTON AVE., ATTN: MARK C. COX</b> <b>MATTOON, IL 61938 US</b>			Mailing Address <b>FIRST MID-ILLINOIS BANK &amp; TRUST</b> <b>1515 CHARLESTON AVE., ATTN: MARK C. COX</b> <b>MATTOON, IL 61938 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2008582</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHILLIPS, PHILIP D JR</b> <b>3728 PHILLIPS HWY 39</b> <b>JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name <b>Alex J. Ricks</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 Riverside Ave., 11th Floor</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32204</b>	
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>Alex J. Ricks</i></u> <span style="float: right;">4/7/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	PDT STAUDER, CLAUS <del>G/O P. PHILLIPS, 3728 PHILLIPS HWY 39</del> <b>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>stauderstrasse 88</b> <b>Essen, Germany 45326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICKS, ALEX J <b>601 RIVERSIDE AVE</b> <b>JACKSONVILLE, FL 32204</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUDER, CLAUS <del>G/O P. PHILLIPS, 3728 PHILLIPS HWY 39</del> <b>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>stauderstrasse 88</b> <b>Essen, Germany 45326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNERSMARCK, WINFRIED <del>G/O P. PHILLIPS, 3728 PHILLIPS HWY 39</del> <b>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Talstrasse 66</b> <b>Zurich, Switzerland CH 8001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Alex J. Ricks</i></u> <b>Alex J. Ricks</b> <b>Secretary</b> <b>4/7/08</b> <b>904 554 8759</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					