


**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 EAGLE-ILLINOIS FARM CORP.					
Principal Place of Business FIRST MID-ILLINOIS BANK & TRUST 1515 CHARLESTON AVE., ATTN: MARK C. COX MATTOON, IL 61938 US			Mailing Address FIRST MID-ILLINOIS BANK & TRUST 1515 CHARLESTON AVE., ATTN: MARK C. COX MATTOON, IL 61938 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2008582	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>PHILLIPS, PHILIP D JR</del> <del>3728 PHILLIPS HWY 99</del> <del>JACKSONVILLE, FL 32207</del>			Name <u>Alex J. Ricks</u> Street Address (P.O. Box Number is Not Acceptable) <u>601 Riverside Ave., 11th Floor</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32204</u>		
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>Alex J. Ricks</u>			DATE: <u>4/7/08</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<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"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAUDER, CLAUS		NAME	<u>Stauderstrasse 88</u>	
STREET ADDRESS	<del>60 P. PHILLIPS, 3728 PHILLIPS HWY 99</del>		STREET ADDRESS	<u>Essen, Germany 45326</u>	
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32207</del>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICKS, ALEX J		NAME		
STREET ADDRESS	601 RIVERSIDE AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAUDER, CLAUS		NAME	<u>Stauderstrasse 88</u>	
STREET ADDRESS	<del>60 P. PHILLIPS, 3728 PHILLIPS HWY 99</del>		STREET ADDRESS	<u>Essen, Germany 45326</u>	
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32207</del>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONNERSMARCK, WINFRIED		NAME	<u>Talstrasse 66</u>	
STREET ADDRESS	<del>60 P. PHILLIPS, 3728 PHILLIPS HWY 99</del>		STREET ADDRESS	<u>Zurich, Switzerland CH 8001</u>	
CITY-ST-ZIP	<del>JACKSONVILLE, FL 32207</del>		CITY-ST-ZIP		
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		
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 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: <u>Alex J. Ricks</u>			Date: <u>4/7/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>904 554 8759</u>		