


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90037 047 ***150.00

DOCUMENT # F00000004183

1. Entity Name
AMERIGAS EAGLE HOLDINGS, INC.



60019178



Principal Place of Business: **460 N. GULPH ROAD, KING OF PRUSSIA, PA 19406**

Mailing Address: **460 N. GULPH ROAD, KING OF PRUSSIA, PA 19406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01262006 Chg-P CR2E034 (11/05)

4. FEI Number **54-1936152**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006. Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME	DP BISSELL, EUGENE V.N.	<input type="checkbox"/> Delete
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	VP LUGAR, DAVID L	<input type="checkbox"/> Delete
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	DVP LINDSAY, MARTHA B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	VPSD KNAUSS, ROBERT H	<input type="checkbox"/> Delete
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	T KRICK, ROBERT W	<input type="checkbox"/> Delete
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	AT MAURIELLO, SAMUEL R	<input type="checkbox"/> Delete
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DVP SHERIDAN, JERRY E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	CAO STANCZAK, WILLIAM J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	AS CALABRESE, MARGARET M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	460 N. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **SAMUEL R. MAURIELLO** 01/26/06 610-337-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #