

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90008 024 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000000603 1. Entity Name EAGLETEL, INC.					
Principal Place of Business 202 S CALDWELL ST BREVARD, NC 28712			Mailing Address P.O. BOX 2342 BREVARD, NC 28712		
2. Principal Place of Business - No P.O. Box # 9 West Morgan St		3. Mailing Address Suite, Apt. #, etc.			
City & State Brevard, NC		City & State Suite, Apt. #, etc.		4. FEI Number 20-1757693	
Zip 28712-3656		Country TRANSYLVANIA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPANGLER, ROBERT 3998 1ST AVE FERNANDINA BCH, FL 32034				7. Name and Address of New Registered Agent Name Joe Jenkins Street Address (P.O. Box Number is Not Acceptable) 86104 Fieldstone Dr City Yulee FL Zip Code 32097	
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 Joe Jenkins DATE 3-14-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	C SPANGLER, ROBERT <input checked="" type="checkbox"/> Delete 3998 1ST AVE FERNANDINA BCH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete BENSON, ED 202 S CALDWELL ST BREVARD, NC 28712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ED BENSON 9 West Morgan St. Brevard NC 28712-3656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HANSEN, ERIK 202 S CALDWELL ST BREVARD, NC 28712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ERIK HANSEN 9 West Morgan St BREVARD NC 28712-3656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete BENSON, STACY 202 S CALDWELL ST BREVARD, NC 28712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STACY BENSON 9 West Morgan St Brevard NC 28712-3656	
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.					
SIGNATURE: Ed Benson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/08 (828)885-7998 <small>Date Daytime Phone #</small>		

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