

**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.		Suite, Apt. #, etc.	
City & State Brevard, NC		City & State	
Zip 28712-3656		Country TRANSYLVANIA	
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			
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 3998 1ST AVE FERNANDINA BCH, FL 32034 <input checked="" 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	DPT BENSON, ED 202 S CALDWELL ST BREVARD, NC 28712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ED BENSON 9 WEST MORGAN ST. Brevard NC 28712-3656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, ERIK 202 S CALDWELL ST BERVARD, NC 28712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ERIK HANSEN 9 West Morgan St BREVARD NC 28712-3656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BENSON, STACY 202 S CALDWELL ST BERVARD, NC 28712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STACY BENSON 9 WEST MORGAN ST Brevard NC 28712-3656 <input checked="" 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
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		3/14/08 (828)885-7998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40046455



03132008 Chg-P CR2E034 (12/06)

4. FEI Number 20-1757693 Applied For Not Applicable

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

**FILE NOW!!! FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00**