

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000603

Entity Name: EAGLETEL, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

9 WEST MORGAN ST
BREVARD, NC 28712

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2342
BREVARD, NC 28712

New Mailing Address:

FEI Number: 20-1757693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, JOE
86104 FIELDSTONE DR
YULEE, FL 32097 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BENSON, ED
Address: 9 WEST MORGAN ST
City-St-Zip: BREVARD, NC 28712

Title: CD () Delete
Name: HANSEN, ERIK
Address: 9 WEST MORGAN ST
City-St-Zip: BREVARD, NC 28712

Title: AS () Delete
Name: BENSON, STACY
Address: 9 WEST MORGAN ST
City-St-Zip: BREVARD, NC 28712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN BENSON

DPT

03/09/2009

Electronic Signature of Signing Officer or Director

Date