ANNUAL REPORT (AR)

DOCUMENT # F08471

1. Entity Name

EAGLE CONSULTING JUPITER INC.

FILED
Aug 07, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
109 HAWKSBILL WAY JUPITER FL 33458	109 HAWKSBILL WAY JUPITER FL 33458

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt #, etc. Same
City & State	City & State
Zip / Country	Zip / Country

2nd MOORE CR2E034 (4/07)

4. FEI Number 59-2047519 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMADER, RICHARD W
109 HAWKSBILL WAY
JUPITER FL 33458

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 Richard W Schmader 8/3/07
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHMADER, RICHARD W	NAME	
STREET ADDRESS	109 HAWKSBILL WAY	STREET ADDRESS	U00000771637
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	08/07/07-80010-015 550.00
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHMADER, BLANCHE	NAME	
STREET ADDRESS	109 HAWKSBILL WAY	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Richard W Schmader 8/3/07 561-746-4109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #