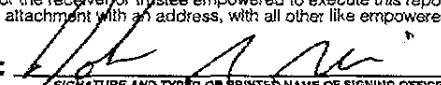


FIRST TIME 2004 FILING

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

WE ARE shown to
BE FILED
APR 21, 2004 08:00 AM
Secretary of State
WEB SITE (SOS) WE
HAVE NOT PAID
UNTIL NOW.

DOCUMENT # J77181			
1. Entity Name EAGLE DATA SYSTEMS, INC.			
Principal Place of Business 125 SO. ALCANIZ ST, STE 4 PENSACOLA, FL 32501		Mailing Address 125 SO. ALCANIZ ST, STE 4 PENSACOLA, FL 32501	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent GERI, JOHN G. 1250 PALISADES CIRCLE PENSACOLA, FL 32504		4. FEI Number 59-2817030 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Not Amended \$150.00 Amended Fee \$61.25		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 NAME STREET ADDRESS CITY- ST- ZIP	DP PARRISH, A. FRANCES 2742 SUNRUNNER LANE GULF BREEZE, FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	0000000123457 04/22/04-80002-022 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PARRISH, LAMAR D. 2742 SUNRUNNER LANE GULF BREEZE, FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GERI, JOHN G. 1250 PALISADES CIRCLE PENSACOLA, FL 32504 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GERI, JEANETTE S. 1250 PALISADES CIRCLE PENSACOLA, FL 32504 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			