

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J79187

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: SOUTHERN EAGLE DEVELOPMENT CORP.

## Current Principal Place of Business:

POST OFFICE BOX 376  
JENSEN BEACH, FL 34958

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 376  
JENSEN BEACH, FL 34958

## New Mailing Address:

FEI Number: 59-2825310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HODDE, NANCY T  
1809 NE VICTORIAN LANE  
JENSEN BEACH, FL 34957 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: P ( ) Delete  
Name: HODDE, HENRY B  
Address: 1809 NE VICTORIAN LN  
City-St-Zip: JENSEN BEACH, FL

Title: VP ( ) Delete  
Name: HODDE, NANCY T  
Address: 1809 NE VICTORIAH LANE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: ST ( ) Delete  
Name: HODDE, NANCY T  
Address: 1809 N E VICTORIAN LANE  
City-St-Zip: JENSEN BEACH, FL 34957

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HODDE, HENRY B JR  
Address: 1809 NE VICTORIAN LN  
City-St-Zip: JENSEN BEACH, FL 34957

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 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 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: HENRY B. HODDE

P

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date