2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K46217 1. Entity Name 08 APR -9 AM 9: 15 GREG W. EAGLE, P.A. Principal Place of Business Mailing Address % GREG W. EAGLE % GREG W. EAGLE 3818 DEL PRADO BLVD 3818 DEL PRADO BLVD CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 US 03022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0097947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EAGLE, GREG W. DO NOT WRITE 3818 DEL PRADO BLVD CAPE CORAL, FL 33904 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PST** TeT1 F EAGLE, GREG W. 000123855970 04/17/08--01012--015 **500.00 NAME STREET ADDRESS 3818 DEL PRADO BLVD CITY-ST-ZIP CAPE CORAL, FL D EAGLE GREG W NAME STREET ADDRESS 3818 DEL PRADO BLVD CITY-ST-ZIP CAPE CORAL, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 AND TWEE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

March 25,2008

239-542-2333

Daytime Phone #