


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L74459 1. Entity Name EAGLE BLUEPRINT COMPANY |  |
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|---|---|
| Principal Place of Business 4223 W. WATERS TAMPA, FL 33614 US | Mailing Address 4223 W. WATERS TAMPA, FL 33614 US |
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3018695 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STRAKA, DONALD A.
4223 W. WATERS
TAMPA, FL 33614

DO NOT WRITE 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:  DONALD STRAKA PRESIDENT 07/03/07

Signature, typed or printed name of registered agent, if not applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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


In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRAKA, DONALD A. 4643 BAYCREST DR. TAMPA, FL |
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07/10/07-80031-007 150.00

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 officers like empowered.

SIGNATURE:  DONALD STRAKA 07/03/07 813-888-6859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #