

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000033222

1. Entity Name
EAGLE CRIME SCENES, INC.



FILED
Apr 04, 2005 08:00 AM
Secretary of State

Principal Place of Business
**15153 RIVER HILLS RD
GLEN SAINT MARY, FL 32040**

Mailing Address
**15153 RIVER HILLS RD
GLEN SAINT MARY, FL 32040**



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3669085

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAFORTE, MICHAEL F PRES
15153 RIVER HILLS RD
GLEN SAINT MARY, FL 32040**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LAFORTE, MICHAEL F PRES
STREET ADDRESS	15153 RIVER HILLS RD
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040
TITLE	VTD
NAME	LAFORTE, VIRGINIA C
STREET ADDRESS	15153 RIVER HILLS RD
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Michael F. LaForte **Michael F. LaForte**, 4-1-05 904-259-1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #