

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000116271

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** DOUBLE EAGLE PROPERTIES, INC.

**Current Principal Place of Business:**

17009 MAGNOLIA ISLAND BLVD  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

17009 MAGNOLIA ISLAND BLVD  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 59-3688533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREER, LESLIE D  
17009 MAGNOLIA ISLAND BLVD  
CLERMONT, FL 34711 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:** DP  
**Name:** GREER, LESLIE D  
**Address:** 17009 MAGNOLIA ISLAND BLVD  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** DV  
**Name:** ROBERTS, STEPHEN P  
**Address:** 1600 2ND STREET  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** DS  
**Name:** ROBERTS, RICK  
**Address:** 12633 LAKE RIDGE CIRCLE  
**City-St-Zip:** CLERMONT, FL 34711

I hereby 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 all other like empowered.

**SIGNATURE:** LESLIE D. GREER

DP

01/06/2010

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

\_\_\_\_\_  
Date