

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033677

FILED
Apr 14, 2009
Secretary of State

Entity Name: EAGLE PRODUCE SALES, INC.

Current Principal Place of Business:

5417 HIGHLANDS VISTA CIRCLE
LAKELAND, FL 33812

New Principal Place of Business:

2155 SANDRA BEAUJARD BLVD.
#107
LAKELAND, FL 33813

Current Mailing Address:

5417 HIGHLANDS VISTA CIRCLE
LAKELAND, FL 33812

New Mailing Address:

P.O. BOX 6201
LAKELAND, FL 33807

FEI Number: 59-3721844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, SAMUEL E
5417 HIGHLANDS VISTA CIRCLE
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

HARRISON, SAMUEL E
2155 SANDRA BEAUJARD BLVD.
#107
LAKELAND, FL 33813 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: HARRISON, SAMUEL E III
Address: 5417 HIGHLANDS VISTA CIRCLE
City-St-Zip: LAKELAND, FL 33812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: HARRISON, SAMUEL E III
Address: P.O. BOX 6201
City-St-Zip: LAKELAND, FL 33807

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAMUEL HARRISON

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date