## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000082364

Entity Name: EAGLE TELECOMMUNICATIONS, INC.

FILED Aug 25, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5020 CENTRAL AVENUE 1800 SECOND STREET ST. PETERSBURG, FL 33707

SUITE 881 SARASOTA, FL 34236

**Current Mailing Address:** New Mailing Address:

1800 SECOND STREET 5020 CENTRAL AVENUE ST. PETERSBURG, FL 33707 SUITE 881

SARASOTA, FL 34236

FEI Number: 59-3751984 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BRITTS, JARRELL RAY, MIKE 1800 SECOND STREET 5020 CÉNTRAL AVENUE ST. PETERSBURG, FL 33707 SUITE 881 SARASOTA, FL 34236

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: R. M. RAY 08/25/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

RAY, R. MICHAEL Name: Name: RAY, R. MICHAEL 5020 CENTRAL AVENUE 1800 SECOND STREET, SUITE 881 Address: Address:

City-St-Zip: ST. PETERSBURG, FL 33707 City-St-Zip: SARASOTA, FL 34236

Title: Title: VΡ () Delete (X) Change ( ) Addition

RAY, ANGELA Name: BRITTS JARRELL Name:

5020 CENTRAL AVENUE 1800 SECOND STREET, SUITE 881 Address: Address:

ST. PETERSBURG, FL 33707 SARASOTA, FL 34236 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: RMRAY 08/25/2004