

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90145 040 \*\*\*150.00

DOCUMENT # P01000083988		Secretary of State	
1. Entity Name EAGLE HOME IMPROVEMENT, INC.		03-05-2002 90145 040 ***150.00	
Principal Place of Business 2100 KINGS HIGHWAY, #1040 PORT CHARLOTTE FL 33980 1500 PARK BEACH CIR #3E PUNTA GORDA FL. 33950		Mailing Address 2100 KINGS HIGHWAY, #1040 PORT CHARLOTTE FL 33980 1500 PARK BEACH CIR #3E PUNTA GORDA FL. 33950	
2. Principal Place of Business 1500 PARK BEACH CIR Suite, Apt. #, etc. # 3E		3. Mailing Address 1500 PARK BEACH CIR Suite, Apt. #, etc. # 3E	
City & State PUNTA GORDA FL.		City & State PUNTA GORDA FL.	
Zip 33950		Zip 33950	
Country CHARLOTTE		Country CHARLOTTE	
4. FEI Number 65-1142521		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRILOVIC, STEVICA 2100 KINGS HIGHWAY, #1040 PORT CHARLOTTE FL 33980		7. Name and Address of New Registered Agent Name: STEVICA KIRILOVIC Street Address (P.O. Box Number is Not Acceptable) 1500 PARK BEACH CIRCLE #3E City: PUNTA GORDA FL Zip Code: 33950	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT NAME: MILKA KIRILOVIC STREET ADDRESS: 1500 PARK BEACH CIR #3E CITY-ST-ZIP: PUNTA GORDA, FL, 33950		TITLE: <del>STEVE KIRILOVIC</del> NAME: <del>STEVE KIRILOVIC</del> STREET ADDRESS: <del>1500 PARK BEACH CIR #3E</del> CITY-ST-ZIP: <del>PUNTA GORDA, FL, 33950</del>	
TITLE: VICE PRESIDENT NAME: DANE KIRILOVIC STREET ADDRESS: 1500 PARK BEACH CIR #3E CITY-ST-ZIP: PUNTA GORDA, FL, 33950		TITLE: DANE KIRILOVIC NAME: VICE PRESIDENT STREET ADDRESS: 1500 PARK BEACH CIR #3E CITY-ST-ZIP: PUNTA GORDA, FL, 33950	
TITLE: SECRETARY NAME: STEVE KIRILOVIC STREET ADDRESS: 1500 PARK BEACH CIR #3E CITY-ST-ZIP: PUNTA GORDA, FL, 33950		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		FEB 18/02 941-380-9574	