

ANNUAL REPORT (AR)

DOCUMENT # P01000094472

1. Entity Name
EAGLE CONSTRUCTION AND MANAGEMENT INC.



FILED
Apr 28, 2006 08:00 AM
Secretary of State

Principal Place of Business 5812 PINETREE DRIVE FORT PIERCE FL 34982	Mailing Address 5812 PINETREE DRIVE FORT PIERCE FL 34982
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2. Principal Place of Business 3. Mailing Address

1st MOORE CR2E034 (10/05)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-1139413 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, GREGORY
5812 PINETREE DR.
FORT PIERCE FL 34982

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	MURRAY, GREGORY	
STREET ADDRESS	5812 PINETREE DR.	
CITY - ST - ZIP	FORT PIERCE FL 34982	
TITLE	S	<input type="checkbox"/> Delete
NAME	MURRAY, JANET	
STREET ADDRESS	5812 PINETREE DR.	
CITY - ST - ZIP	FORT PIERCE FL 34982	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	RUVIDO, RICHARD J	
STREET ADDRESS	4620 PGA BLVD., #304	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHRIS, GREG	
STREET ADDRESS	409 US HWY ONE #203	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000543246
05/10/06-80130-01 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ **4/25/06** **772-429-2256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #