

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122395

Entity Name: C.G. FEAGLE PROPERTIES, INC.

FILED  
Jan 31, 2005  
Secretary of State

**Current Principal Place of Business:**

416 HWY 19 N  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1569  
CROSS CITY, FL 32628

**New Mailing Address:**

FEI Number: 80-0003458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEAGLE, CLAY G  
416 HWY 19 N  
CROSS CITY, FL 32028 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: P ( ) Delete  
Name: FEAGLE, CLAY  
Address: 419 HIGHWAY 19 N  
City-St-Zip: CROSS CITY, FL 32628

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: CLAY FEAGLE

P

01/31/2005

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

\_\_\_\_\_ Date