



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90040 048 \*\*\*150.00

<b>DOCUMENT # P02000006370</b> 1. Entity Name <b>EAGLE HOMES, INC.</b>					
Principal Place of Business <b>508 SHARON HILL CT. WINTER HAVEN, FL 33880</b>				Mailing Address <b>POST OFFICE BOX 92511 LAKELAND, FL 33804</b>	
2. Principal Place of Business - No P.O. Box # <b>1208 Buena Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 92511</b> Suite, Apt. #, etc.			
City & State <b>Lakeland, FL</b> Zip <b>33805</b>		City & State <b>Lakeland, FL</b> Zip <b>33804</b>		4. FEI Number <b>02-0543389</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WEST, RICHARD 508 SHARON HILL COURT WINTER HAVEN, FL 33880</b>			7. Name and Address of New Registered Agent Name <b>Richard West</b> Street Address (P.O. Box Number is Not Acceptable) <b>1208 Buena Drive</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33805</b>		
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 <u><i>Richard West</i></u> DATE <u>2/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, RICHARD 508 SHARON HILL COURT WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard West 1208 Buena Drive Lakeland, FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard West 1208 Buena Drive Lakeland, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard West 1208 Buena Drive Lakeland, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard West 1208 Buena Drive Lakeland, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard West 1208 Buena Drive Lakeland, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Richard West</i></u> DATE <u>2/8/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					