## 2007 FOR PROFIT CORPORATION

## Apr 18, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000021430** 04-18-2007 90186 002 \*\*\*150.00 EAGLE LAND CLEARING, INC. Principal Place of Business Mailing Address 400000 795 LAKEVIEW AVE., PIONEER PLANTATION PO BOX 2353 CLEWISTON, FL 33440-6353 CLEWISTON, FL 33440 04142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0704679 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGUILA, CALIXTO DO NOT WRITE 795 LAKEVIEW AVE., PIONEER PLANTATION CLEWISTON, FL 33440 IN THIS SPACE 8. The above named entity subplits 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 egistered agent. SIGNATURE. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE AGUILA, CALIXTO NAME STREET ADDRESS 795 LAKEVIEW AVE., PIONEER PLANTATION CITY-ST-ZIP CLEWISTON, FL 33440 TITLE SARIOL, MILEIDY NAME STREET ADDRESS 795 LAKEVIEW AVE., PIONEER PLANTATION CITY-ST-ZIP CLEWISTON, FL 33440 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED