


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90042 025 ***150.00

DOCUMENT # P02000042649	
1. Entity Name EGGERS ENTERPRISE, INC.	

Principal Place of Business 2202 WESTCHESTER BLVD SPRING HILL FL 34606	Mailing Address 2202 WESTCHESTER BLVD SPRING HILL FL 34606
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2. Principal Place of Business 11044 TILBURG ST.	3. Mailing Address 11044 TILBURG ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SPRING HILL, FL.	City & State SPRING HILL, FL.
Zip 34608	Zip 34608
Country U.S.A.	Country U.S.A.

4. FEI Number 46-0478618	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EGGERS, WALKER E 2202 WESTCHESTER BLVD SPRING HILL FL 34606	
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7. Name and Address of New Registered Agent Name EGGERS, WALKER E. Street Address (P.O. Box Number is Not Acceptable) 11044 TILBURG ST. City SPRING HILL FL Zip Code 34608	
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EGGERS, WALKER E 2202 WESTCHESTER BLVD SPRING HILL FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EGGERS, CHARLINE A 2202 WESTCHESTER BLVD SPRING HILL FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walker E. Eggers* **WALKER E. EGGERS** 4/1/04 352-686-4676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #