

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90532 002 ***150.00

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01242004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000070592	
1. Entity Name EAGLE ENVIRONMENTAL ENTERPRISE, INC.	

Principal Place of Business 621 6TH TERRACE PALM BEACH GARDENS, FL 33418	Mailing Address 621 6TH TERRACE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business 621 6th Terrace	3. Mailing Address 621 6th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33418	Zip 33418
Country USA	Country USA

4. FEI Number 30-0099669	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HALL, JEANNE K 621 6TH TERRACE #112 PALM BEACH GARDENS, FL 33418	

7. Name and Address of New Registered Agent	
Name N/A No change	
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 reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE	<input type="checkbox"/> Delete
NAME	HALL, JEANNE K
STREET ADDRESS	621 6TH TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 JEANNE K. HALL / JEANNE K. HALL	Date 4/21/04	Daytime Phone # (561) 624-4024
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