

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000078288

1. Entity Name
A.A. EAGLE PUMPING & DRAIN CLEANING, INC.



FILED

08 OCT -3 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**13121 ELEFF LANE
HUDSON, FL 34669**

Mailing Address
**PO BOX 5486
HUDSON, FL 34674**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
13121 Eleff Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hudson, Florida

Zip

Country

Zip
34669

Country
USA

4. FEI Number
38-3655041

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BILLINGS, EDWARD C PRESIDE
13121 ELEFF LANE
HUDSON, FL 34669**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BILLINGS, EDWARD C
13121 ELEFF LANE
HUDSON, FL 34669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BILLINGS, DAWN M VICE PR
13121 ELEFF LANE
HUDSON, FL 34669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dawn M Billings

Date

Daytime Phone #

10-1-08 727-919-5158