2004 FOR PROFIT CORPORATION

Jul 06, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000134958 07-06-2004 90009 021 ***550.00 EAGLE CONSULTANTS, INC. Principal Place of Business Mailing Address 12230 - 137 STREET NORTH 8514 OLD C.R. 54 NEW PORT RICHEY, FL 34653 LARGO, FL 33774 2. Principal Place of Business 3. Mailing Address 8514 OLD C.R. 54 Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 Chg-P CR2E034 (10/03) NEW BOOK OF City & State City & State 4. FEI Number Applied For NEW PORT RICHEY, FL 16-1649074 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34653 PASCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEEVAN, RONALD P Street Address (P.O. Box Number is Not Acceptable) 200 N GARDEN AVE STE A CLEARWATER, FL.33755 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change ELLIOTT, EDWARD C NAME NAME STREET ADDRESS 12230 - 137 STREET NORTH STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP VP Delete TITLE TITLE ☐ Change ☐ Addition NAME KLEIN, BRUCE A NAME STREET ADDRESS 1104 LEMON STREET EAST STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE 🔀 Change ☐ Addition HOUSEL, WILLIAM D. HOUSEL, WILLIAM D NAME NAME 7232 OTTER CREEK DR 10110 SHOOTING STAR COURT STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34685 TITLE ☐ Defete TITLE ☐ Change ■ Addition HOUSEL, LARRY D NAME NAME 2620 LAMPLIGHTER DR STREET ADDRESS STREET ADDRESS

12. Thereby 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 receives 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 anyaginess, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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TITLE

NAME

NEW PORT RICHEY, FL 34655

EDWARD C. ELLIBTT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

☐ Change

Addition

☐ Addition

FILED