
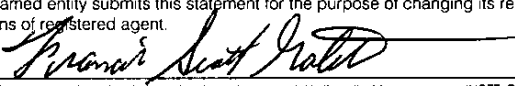
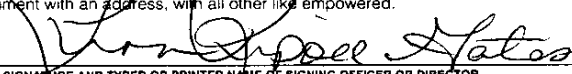


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90002 023 ***150.00

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P03000024807 1. Entity Name EAGLE INTERIOR SYSTEMS, INC. | | | |  | |
| Principal Place of Business 106 20 ST RT. 4 OKEECHOBEE, FL 34974 | | | Mailing Address 106 20 ST RT. 4 OKEECHOBEE, FL 34974 | | |
| 2. Principal Place of Business 105 20th St Rt 4 | | | 3. Mailing Address 105 20th St Rt 4 | | |
| Suite, Apt. #, etc. 5 | | | Suite, Apt. #, etc. | | |
| City & State Okeechobee, FL | | | City & State Okeechobee, FL | | |
| Zip 34974 | | Country USA | | Zip 34974 | |
| Country USA | | 4. FEI Number 71-0934631 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GATES, FRANCIS S 106 20 ST RT. 4 OKEECHOBEE, FL 34974 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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:  DATE: 5/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GATES, FRANCIS S 106 20 ST RT. 4 OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLEY, SANFORD M 106 20 ST RT. 4 OKEECHOBEE, FL 34974 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLLEY, JOHN LEE SR 106 20 ST RT. 4 OKEECHOBEE, FL 34974 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RIPOLL-GATES, TINA R 106 20 ST RT. 4 OKEECHOBEE, FL 34974 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 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:  DATE: 5/30/06 DAYTIME PHONE #: 561-718-2043 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

50020354



05162006 Chg-P CR2E034 (11/05)

ATTACHMENT
50020354
Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number

P03000024807

Business Entity Name

EAGLE INTERIOR SYSTEMS, INC.

FEI Number

710934631

FEI Number Status**Certificate of Status Desired**

No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 105 20 ST, BHR
Suite, Apt. #, etc.
City, State OKEECHOBEE, FL
Zip Code & Country 34974

Mailing Address

Address 105 20 ST, BHR
Suite, Apt. #, etc.
City, State OKEECHOBEE, FL
Zip Code & Country 34974

Name and Address of Registered Agent

Name (Last, First, Middle, Title) GATES, FRANCIS , S
Address 106 20 ST, BHR
Suite, Apt. #, etc.
City, State OKEECHOBEE, FL
Zip Code & Country 34974 US
Registered Agent Signature FRANCIS S GATES

Officer/Director Name and Address

Title D
Name (Last, First, Middle, Title) GATES, FRANCIS , S
Street Address 106 20 ST, BHR
City, State OKEECHOBEE, FL
Zip Code & Country 34974

ATTACHMENT

512020354

Title D
Name (Last, First, Middle, Title) HOLLEY, SANFORD , M
Street Address 106 20 ST, BHR
City, State OKEECHOBEE, FL
Zip Code & Country 34974

Title D
Name (Last, First, Middle, Title) HOLLEY, JOHN LEE , SR
Street Address 106 20 ST, BHR
City, State OKEECHOBEE, FL
Zip Code & Country 34974

Title T
Name (Last, First, Middle, Title) RIPOLL-GATES, TINA , R
Street Address 106 20 ST, BHR
City, State OKEECHOBEE, FL
Zip Code & Country 34974

Title TREA
Officer/Director Signature TINA RIPOLL GATES

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