

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90029 032 ***150.00

DOCUMENT # P03000024867	
1. Entity Name EAGLE BUILDING CONTRACTORS, INC.	

Principal Place of Business 16 ALABAMA LANE AUBURNDALE, FL 33823	Mailing Address 16 ALABAMA LANE AUBURNDALE, FL 33823
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50001919

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03052008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0061571		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPAIN, DAVID L 1611 17 ST NW WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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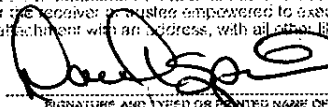
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: agent or elected representative of the current agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 P	☐ Delete	TITLE Treas Sec	☐ Change ☒ Addition
NAME SPAIN, DAVID		NAME Michelle Holcomb	
STREET ADDRESS 1611 17 ST NW		STREET ADDRESS 1611 17 ST NW	
CITY-ST-ZIP WINTER HAVEN, FL 33881		CITY-ST-ZIP Winter Haven, FL 33881	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SPAIN, DAVID L II		NAME	
STREET ADDRESS 4540 COUNTRY TRAILS DR		STREET ADDRESS	
CITY-ST-ZIP POLK CITY, FL 33868		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 627, 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 filers empowered.

SIGNATURE:  **3-17-08 863-559-1464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Photo ID