2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State
07-20-2005 90029 008 ***150.00

DOCUMENT # P03000037749

1. Entity Name
EAGER-I PROFESSIONAL CENTER, INC.

Principal Place of Business	Mailing Address
2935 SE 58TH AVENUE SUITE 2 OCALA, FL 34471	P.O. BOX 1060 OCALA, FL 34478-1060

50056456

07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2105354
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZURCO, VINCENT S
2935 SE 58TH AVE.
STE. 2
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAZZURCO, VINCENT S
STREET ADDRESS	2935 SE 58TH AVENUE #2
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	MAZZURCO, SUEANNE
STREET ADDRESS	2935 SE 58TH AVENUE #2
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Vincent S. Mazzurco 7/14/05 (352)624-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037749

1. Entity Name
EAGER-I PROFESSIONAL CENTER, INC.

ATTACHMENT

Principal Place of Business	Mailing Address
2935 SE 58TH AVENUE SUITE 2 OCALA, FL 34471	P.O. BOX 1060 OCALA, FL 34478-1060

500564[redacted]56

03062005 No Chg-P CR2E034 (10/03)

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54-2105354

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SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAZZURCO, VINCENT S
STREET ADDRESS	2935 SE 58TH AVENUE #2
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

EAGER-1 PROFESSIONAL CENTER, INC
P O BOX 1060
OCALA, FL 34478-1060
352 624-2100

1058
63-1450/631

3/9/05
DATE

PAY TO THE ORDER OF Florida Department of State $ 150.00

One Hundred Fifty + 00/100 DOLLARS

FLORIDA CITIZENS BANK

FOR [redacted]

12. I hereby certify that the information su 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: _____ 3/7/05 352-624-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
500564556

EAGER-1 PROFESSIONAL CENTER, INC.
P.O. BOX 1060
OCALA, FLORIDA 34478

July 14, 2005

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Annual Report for P03000037749

To Whom it May Concern:

Enclosed you will find a new annual report and check for $150.00 for my 2005 annual report. You will also find enclosed a copy of the same report and a check that was mailed on March 9, 2005. I have checked with our bank and the check has never cleared and also checked with your office and they stated that they have never received the report.

Due to the fact that the original report was timely filed and apparently lost in the mail, I am requesting a waiver of the $400.00 late fee. You may check the many other corporations that I am affiliated with and see that they were all timely filed.

Your consideration in this matter is greatly appreciated.

Eagerly,

Vincent S. Mazzurco
President

VSM/djb

enclosure