

**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
**2935 SE 58TH AVENUE
SUITE 2
OCALA, FL 34471**

Mailing Address
**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7/14/05

Date

(352) 624-2100

Daytime Phone #

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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SUITE 2
OCALA, FL 34471

Mailing Address
P.O. BOX 1060
OCALA, FL 34478-1060

DO NOT WRITE IN THIS SPACE

ATTACHMENT

50056456

03062005 No Chg-P CR2E034 (10/03)

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Not Applicable

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OCALA, FL 34471

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(NOTE: Registered Agent signature required when reinstating)

DATE

**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
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
NAME
STREET ADDRESS
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

63-1450/831

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

12. I hereby certify that the information supplied 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

Date

Daytime Phone #

3/7/05

352-624-2100

ATTACHMENT

50056456

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

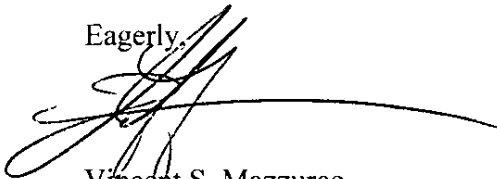
To Whom it May Concern:

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