

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90014 039 \*\*\*158.75

<b>DOCUMENT # P03000074633</b> 1. Entity Name <b>EGGLESTON BROTHERS INC.</b>			
Principal Place of Business <b>10660 RAGSDALE STREET BONITA SPRINGS, FL 34135 US</b>		Mailing Address <b>27599 SHRIVER AVENUE BONITA SPRINGS, FL 34135 US</b>	
2. Principal Place of Business - No P.O. Box # <b>11155 Tangelo Terrace</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Bonita Springs, FL</b>		City & State Suite, Apt. #, etc.	
Zip <b>34135</b>	Country <b>Lee</b>	Zip Country	4. FEI Number <b>20-0087144</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>A</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ALL FLORIDA FIRM INC 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763</b>		7. Name and Address of New Registered Agent Name <b>Steven Eggleston</b> Street Address (P.O. Box Number is Not Acceptable) <b>27599 Shriver Ave</b> City <b>Bonita Springs, FL</b> Zip Code <b>34135</b>	
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 <u>Steven Eggleston</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/8/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PRES EGGLESTON, CURTIS C <input type="checkbox"/> Delete 10660 RAGSDALE STREET BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11155 Tangelo Terrace Bonita Springs, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EGGLESTON, STEVEN S <input type="checkbox"/> Delete 27599 SHRIVER AVE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EGGLESTON, CURTIS J <input type="checkbox"/> Delete 10660 RAGSDALE STREET BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Secretary</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <u>Steven Eggleston</u> <b>Steven Eggleston V-P Finance</b>		Date <u>4/8/08</u> Daytime Phone # <u>992-4144</u>	

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