


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90097 037 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P03000079238 | |  |
| 1. Entity Name EAGLE ONE, INC. | | |

| | |
|---|--|
| Principal Place of Business 20530 CRESTWOOD ROAD NORTH FORT MYERS, FL 33917 | Mailing Address PO BOX 4721 NORTH FORT MYERS, FL 33918 |
|---|--|

20034014



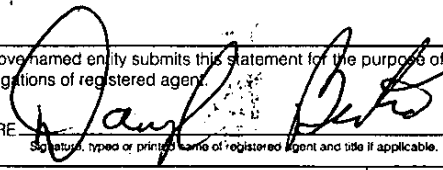
| | | | |
|--------------------------------|---------|--|------------|
| 2. Principal Place of Business | | 3. Mailing Address 20529 Dalewood Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. N. Ft. Myers | |
| City & State | | City & State FL | |
| Zip | Country | Zip | Country |
| | | 33917 | Lee |

04092005 Chg-P CR2E034 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 56-2379222 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--------------|
| 6. Name and Address of Current Registered Agent SHARP, PAUL J 20530 CRESTWOOD ROAD NORTH FORT MYERS, FL 33917 | | 7. Name and Address of New Registered Agent | |
| | | Name Daryl E. Burton | |
| | | Street Address (P.O. Box Number is Not Acceptable) 20529 Dalewood Rd | |
| | | N. Ft. Myers FL 33917 | |
| | | City | Zip Code |
| | | FL | 33917 |

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.

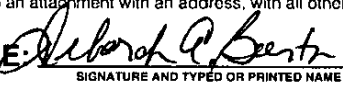
SIGNATURE  **Daryl E. Burton** **4/8/05**

Signature, typed or printed name of registered agent and title if applicable. (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. <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 | PVPT SHARP, PAUL J 20530 CRESTWOOD ROAD NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Daryl E. Burton 20529 Dalewood Rd. N. Ft. Myers, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BURTON, DANE A 20530 CRESTWOOD RD. NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Dana A Sharp 20530 Crestwood Rd. N. Ft. Myers, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURTON, DARYL E 20529 DALEWOOD RD. NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary-Treasurer Deborah A. Burton 20529 Dalewood Rd. N. Ft. Myers, FL 33917 <input checked="" 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 |
| 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 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  **Deborah A. Burton** **4/8/05** **239 731-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #