

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000093131

1. Entity Name
EAGLE CONTRACTING & DEMOLITION, INC.



Principal Place of Business
**4200 NE 23RD AVE.
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**4200 NE 23RD AVE.
LIGHTHOUSE POINT, FL 33064**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0192938	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

**SKAMAGOS, STEVE
4200 NE 23RD AVE.
LIGHTHOUSE POINT, FL 33064**

**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SKAMAGOS, STEVE
STREET ADDRESS	4200 NE 23RD AVE.
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064

TITLE	VD
NAME	SKAMAGOS, NICHOLAS
STREET ADDRESS	4200 NE 23RD AVE.
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064

TITLE	TD
NAME	SKAMAGOS, GEORGIA
STREET ADDRESS	4200 NE 23RD AVE.
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064

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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01/26/06-80023-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE SKAMAGOS, PRES. 1/18/06

Date

Daytime Phone #

954-545-062