


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90020 010 ***150.00

DOCUMENT # P04000037147	
1. Entity Name AMERICAN EAGLE SITE DEVELOPMENT, INC.	

Principal Place of Business 3157 HWY 441 NORTH OKEECHOBEE, FL 34972	Mailing Address 3157 HWY 441 NORTH OKEECHOBEE, FL 34972
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2. Principal Place of Business - No P.O. Box # 2230 SE 24TH BLVD	3. Mailing Address 2230 SE 24TH BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OKEECHOBEE, FL	City & State OKEECHOBEE, FL
Zip 34974	Country OKEECHOBEE
Zip 34974	Country OKEECHOBEE

40110032



04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SCHMIDT, RONALD 3157 HWY 441 NORTH OKEECHOBEE, FL 34972		7. Name and Address of New Registered Agent Name DONALD E. SCHMIDT Street Address (P.O. Box Number is Not Acceptable) 2230 SE 24TH BLVD City OKEECHOBEE FL Zip Code 34974	
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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 *Donald E. Schmidt* DATE 4/26/07

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, RONALD 3157 HWY 441 NORTH OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD E. SCHMIDT 2230 SE 24TH BLVD OKEECHOBEE, FL 34974 <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
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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: *Donald E. Schmidt* DATE 4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR