

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 03 2005

DOCUMENT # P04000038790

1. Entity Name  
EAGLE 01 MANAGEMENT, INC.



FILED  
05 APR 29 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1006 WASHINGTON ST  
TALLAHASSEE, FL 32303

Mailing Address  
1006 WASHINGTON ST  
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005 Chg-P CR2E034 (10/03)

4. FEI Number

80-0099711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYLE, JR., JON C ESQUIRE  
118 N GADSDEN ST  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 ☐ Delete  
NAME MOYLE, JR., JON C  
STREET ADDRESS 1006 WASHINGTON ST  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete  
NAME MOYLE, SERENA C  
STREET ADDRESS 1006 WASHINGTON ST  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete  
NAME TRANSOU, TRIPP  
STREET ADDRESS 7193 OX BOW CIR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete  
NAME BUSCH TRANSOU, SUSIE  
STREET ADDRESS 7193 OX BOW CIR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete  
NAME STICKLAND, GENE  
STREET ADDRESS 6281 BLACKFOX WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☐ Delete  
NAME STRICKLAND, DENA  
STREET ADDRESS 6281 BLACKFOX WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32312

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-05