

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078270

Entity Name: EAGLE PARTY OF FLORIDA, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

2780 MICHIGAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2780 MICHIGAN AVE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 55-0876598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTES, INES
14920 INDIGO LAKE DR
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

MONTES, INES
4817 LAKE EDGE LANE
KISSIMMEE, FL 34744 US

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.

SIGNATURE:

02/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTES, INES
Address: 14920 INDIGO LAKE DR
City-St-Zip: ORLANDO, FL 32824

Title: V () Delete
Name: MONTES, ASHLEE
Address: 14920 INDIGO LAKE DR
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: MONTES, KARLA
Address: 14920 INDIGO LAKE DR
City-St-Zip: ORLANDO, FL 32824

Title: T () Delete
Name: MONTES, LIZANDRO
Address: 14920 INDIGO LAKE DR
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTES, INES MRS.
Address: 4817 LAKE EDGE LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: V (X) Change () Addition
Name: MONTES, WALTER A MR.
Address: 4817 LAKE EDGE LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: S (X) Change () Addition
Name: MONTES, INES MRS.
Address: 4817 LAKE EDGE LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: T (X) Change () Addition
Name: MONTES, WALTER
Address: 4817 LAKE EDGE LANE
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INES A. MONTES

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date