

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078270

FILED  
May 11, 2010  
Secretary of State

Entity Name: EAGLE PARTY OF FLORIDA, INC.

## Current Principal Place of Business:

2780 MICHIGAN AVE  
KISSIMMEE, FL 34744

## New Principal Place of Business:

7480 NARCOOSSEE RD SUITE # 101-I  
ORLANDO, FL 32822

## Current Mailing Address:

2780 MICHIGAN AVE  
KISSIMMEE, FL 34744

## New Mailing Address:

7480 NARCOOSSEE RD SUITE # 101-I  
ORLANDO, FL 32822

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  
4817 LAKE EDGE LANE  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

Title: T  
Name: MONTES, WALTER  
Address: 4817 LAKE EDGE LANE  
City-St-Zip: KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

SIGNATURE: INES MONTES

P

05/11/2010

Electronic Signature of Signing Officer or Director

Date