

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90113 043 \*\*\*150.00

<b>DOCUMENT # P05000024909</b> 1. Entity Name <b>EAGLE INSTALLATION SPECIALTIES, INC.</b>					
Principal Place of Business <b>521 CHILES LANE ORLANDO, FL 32807</b>			Mailing Address <b>521 CHILES LANE ORLANDO, FL 32807</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-2354847</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARCIA, CARLOS 521 CHILES LANE ORLANDO, FL 32807</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reissuing)	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARCIA, CARLOS</b> <b>521 CHILES LANE</b> <b>ORLANDO, FL 32807</b>	<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	<b>S</b> <b>SAWYER, KEITH</b> <b>521 CHILES LANE</b> <b>ORLANDO, FL 32807</b>	<input checked="" 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
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
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:**

6/29/06

407-587-9335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

66021377  
# P05000024909

EAGLE INSTALLATION SPECIALTIES, INC.

521 CHILES LANE  
ORLANDO, FL 32807

16537293 03-20-06 7598 04

63-84132870  
1812276574

138

DATE 3-15-06

PAY TO THE  
ORDER OF

Florida Department of state

\$ 150.00

One Hundred Fifty

DOLLARS



Security Features  
Detailed on Back

Washington Mutual

Washington Mutual Bank, FA  
Casselberry Financial Center 1684  
1395 Semoran Boulevard  
Casselberry, FL 32707

1-800-788-7000  
24 hour Customer Service

NOTES

INCLEARINGS  
MIAMI FL

116637293 03-20-06

MR 1706

BANK OF AMERICA NA  
60630000474 E

6540462480

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 1009068786  
MAR 15 2006

2157 21808

ATTACHMENT

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

66021277  
#P05000024909

To Whom It May Concern:

Attached please find 2006 Annual Report with my FEI that was missing when I originally sent my report.

I never received any notification that my report was missing my FEI number. I found out after I called to your office and your investigator notified me. I'm also including copy of my cancelled check dated 3/15/2006.

Thank you,

  
Carlos Garcia, President  
Eagle Installation Specialties, Inc.