


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90054 028 ***550.00

DOCUMENT # P06000037979					
1. Entity Name GREYEAGLE, INCORPORATED					
Principal Place of Business 208 ST. CLAIR DRIVE COCOA, FLORIDA, 32922			Mailing Address 90 SANDY FORD LANE HAZLEHURST, GEORGIA, 31539		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 877			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hazlehurst GA 31539		4. FEI Number 20-4906819	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31539	USA	31539	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORRIS, R L 208 ST. CLAIR DRIVE COCOA, FL 32922			Name R.L. Norris		
			Street Address (P.O. Box Number is Not Acceptable)		
			739 Scollup Dr, Suite 50		
			City Port Canaveral, FL Zip Code 32920		
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 <u>R L Norris</u> (NOTE: Registered Agent signature required when reinstating) 8/15/2007					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCALLISTER, JOSEPH S 90 SANDY FORD LANE HAZLEHURST, GA 31539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HARPER, SHARON 112 WALTON WAY HAZLEHURST, GA 31539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Sharon Harper</u> Sharon Harper - CFO 8/15/2007- 912-375-1848					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					