

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048639

Entity Name: THREE EAGLE SERVICES, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1390 DOYLE RD  
DELTONA, FL 32725 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 391543  
DELTONA, FL 32739 US

## New Mailing Address:

FEI Number: 20-8891932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, IVAN  
1390 DOYLE RD  
DELTONA, FL 32725 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPEZ, IVAN  
Address: 1390 DOYLE RD  
City-St-Zip: DELTONA, FL 32725 US

Title: VP ( ) Delete  
Name: LOPEZ, PAULA  
Address: 1390 DOYLE RD  
City-St-Zip: DELTONA, FL 32725 US

Title: S (X) Delete  
Name: SUAREZ, ELIZABETH  
Address: 2981 COTTAGEVILLE ST  
City-St-Zip: DELTONA, FL 32738 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IVAN LOPEZ

OFFI

04/29/2009

Electronic Signature of Signing Officer or Director

Date