

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000086007

Entity Name: EAGLE AUTO CLINIC INC

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

23 HARGROVE GRADE  
UNIT A  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

23 HARGROVE GRADE  
UNIT A  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 27-1163695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUES, PAULO  
22 FIRETHORN LANE  
PALM COAST, FL 32164 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUES, PAULO  
Address: 22 FIRETHORN LANE  
City-St-Zip: PALM COAST, FL 32164

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: PAULO RODRIGUES

MGRM

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date