

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90011 030 ***150.00

DOCUMENT # P29677

1. Entity Name
EAGLE GROWTH SHARES, INC.



Principal Place of Business
**1200 N. FEDERAL HWY., STE. 424
BOCA RATON, FL 33432**

Mailing Address
**1200 N. FEDERAL HWY., STE. 424
BOCA RATON, FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

13-2654171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PARSON, DONALD P
STREET ADDRESS 39503 GLENN GLADE
CITY-ST-ZIP CHAPEL HILL, NC 27517

TITLE PD ☒ Change ☐ Addition
NAME Baxter, Donald H.
STREET ADDRESS 1200 N. Federal Highway #424
CITY-ST-ZIP Boca Raton, FL 33432

TITLE VST ☐ Delete
NAME ROHE, RONALD F
STREET ADDRESS 1200 N. FEDERAL HWY., STE. 424
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCARTHUR, KENNETH W
STREET ADDRESS 93 RIVERWOOD PARKWAY
CITY-ST-ZIP ETOBICOKE, ONTARIO M8Y 4E4,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FLAHERTY, THOMAS J
STREET ADDRESS 400 OCEAN BLVD., #175
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MEYER, ROBERT L
STREET ADDRESS 25 GRIFFIN AVE., P.O. BOX 496
CITY-ST-ZIP BEDFORD HILLS, NY 10507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Parson, Donald P
STREET ADDRESS 39503 Glenn Glade
CITY-ST-ZIP Chapel Hill, NC 27517

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ronald F. Rohe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald F. Rohe

1-5-04

561-395-2155

Date

Daytime Phone #