

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P93000022915**

1. Entity Name  
**EAGLE PETROLEUM, INC.**



Principal Place of Business  
**1301 SW 2ND ST.  
POMPANO BEACH, FL 33069**

Mailing Address  
**1301 SW 2ND ST.  
POMPANO BEACH, FL 33069**



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0398223**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HRENICK, ANDREW  
1301 SW 2ND ST.  
POMPANO BEACH, FL 33069**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HRENICK, ANDREW
STREET ADDRESS	1301 SW 2ND ST.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	S
NAME	HRENICK, MARY ANN
STREET ADDRESS	7931 REDWOOD LANE
CITY-ST-ZIP	PARKLAND, FL
TITLE	T
NAME	LESCHINSKY, SHARON
STREET ADDRESS	6291 WEST CYPRESS HEAD
CITY-ST-ZIP	PARKLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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: Andrew Hrenick ANDREW HRENICK 2-28-06 954-948-1161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #