

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

04/06/2005

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90270 040 ***150.00

DOCUMENT # P93000034825 1. Entity Name EAGLE SERVICE CENTER, INC.			
Principal Place of Business 395 W DEARBORN ST ENGLEWOOD, FL 34223		Mailing Address 395 W DEARBORN ST ENGLEWOOD, FL 34223	
2. Principal Place of Business 552 NIGHTINGALE RD Suite, Apt. #, etc.		3. Mailing Address 552 NIGHTINGALE RD Suite, Apt. #, etc.	
City & State VENICE, FL		City & State VENICE, FL	
Zip 34293		Zip 34293	
Country SARASOTA		Country SARASOTA	
4. FEI Number 65-0406667		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, GERALD W 395 W DEARBORN ST ENGLEWOOD, FL 34223 552 NIGHTINGALE RD VENICE, FL 34293		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees...		DATE _____	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MITCHELL, SANDRA L 552 NIGHTINGALE RD VENICE, FL 34293	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, GERALD W 552 NIGHTINGALE RD VENICE, FL 34293	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without the authority.			
SIGNATURE: <i>Sandra L. Mitchell</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANDRA L MITCHELL	
Decks <input type="checkbox"/> Cabins <input type="checkbox"/>		Date: 4/18/05	