

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**

3. Mailing Address: **552 NIGHTINGALE RD**

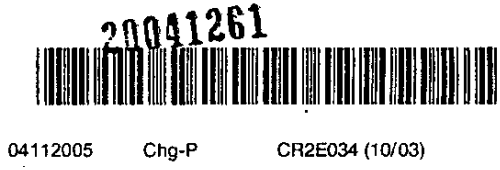
Suite, Apt. #, etc.

City & State: **VENICE, FL**

City & State: **VENICE, FL**

Zip: **34293** Country: **SARASOTA**

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6. Name and Address of Current Registered Agent

MITCHELL, GERALD W
395 W DEARBORN ST
ENGLEWOOD, FL 34223

552 NIGHTINGALE RD
VENICE, FL 34293

4. FEI Number: **65-0406667** Applied For: Not Applicable:

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

7. Name and Address of New Registered Agent

Name: _____

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

City: **FL** Zip Code: **34293**

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD MITCHELL, SANDRA L 552 NIGHTINGALE RD VENICE, FL 34293 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 authority.

SIGNATURE: *Sandra L. Mitchell* **SANDRA L. MITCHELL, PRES. SEC.**

941-484-4851

AMERITY Decks Cabins AIRWAY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/18/05** Daytime Phone # _____