


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000020554</b> 1. Entity Name <b>EAGLE QUALITY PRODUCTS, INC.</b>	
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Principal Place of Business 4035 J. LOUIS STREET GREEN COVE SPRINGS, FL 32043	Mailing Address 4035 J. LOUIS STREET GREEN COVE SPRINGS, FL 32043
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3230121</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SERRA, CHARLES G</b> <b>1054 ANCHOR ROAD</b> <b>BOX 8</b> <b>SWITZERLAND, FL 32259</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERRA, MICHAEL J 700 ISLAND WAY, APT. 1102 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERRA, CHARLES G 1054 ANCHOR RD., BOX 8 SWITZERLAND, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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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 all other like empowered.

**SIGNATURE:** Charles Serra **CHARLES SERRA** 7/2/04 904-529-9976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #