## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 21, 2008 8:00 am Secretary of State DOCUMENT # P9400053368 1. Entity Name FIRST EAGLE DEVELOPMENTS, INC. 04-21-2008 90043 044 \*\*\*150.00 Principal Place of Business Mailing Address 12950 RACETRACK RD - 201 12950 RACETRACK RD - 201 STE 201 STE 201 TAMPA, FL 33626 TAMPA, FL 33626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #; etc. Suite, Apt. #, etc. 03242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0513103 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALSH, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 12950 RACETRACK RD - 201 STE 201 **TAMPA, FL 33626** City 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 crinted name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition Change Ch PATRICK J. WALSH NAME STEFAN, TIMOTHY NAME 12950 RACETRACK RD- 201 STREET ADDRESS 12950 RACETRACK RD - 201 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33626 CITY-ST-ZIP TAMPA, FL 33626 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition