## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000054480

Entity Name: EAGLE INSTRUMENTS & CONTROLS, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9265 LAZY LN.

TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

9265 LAZY LN.

TAMPA, FL 33614 US

FEI Number: 59-3247541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACKSON, DANIEL W 2165 SUNNYDALE BLVD

SUITE H CLEARWATER, FL 30265 US LASTRA, MARK M 9265 LAZY LN. TAMPA, FL 33614 US

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.

SIGNATURE: MARK M LASTRA 01/07/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete

Name: JACKSON, DANIEL W Address: 2165 SUNNYDALE BLVD SUITE H

City-St-Zip: CLEARWATER, FL 30265

Title: V ( ) Delete
Name: JACKSON, DANIEL W JR

Address: 1573 PINEBREEZE DR
City-St-Zip: MARIETTA, GA 30062

Title: S (X) Delete Name: JACKSON, PATRICIA A

Address: 2651 CLUB VALLEY DR.
City-St-Zip: MARIETTA, GA

Title: P (X) Change ( ) Addition

Name: LASTRA, MARK M Address: 13409 IRONTON DR City-St-Zip: TAMPA, FL 33626

Title: VP (X) Change ( ) Addition

Name: BURNSIDE, GARY A Address: 13409 IRONTON DR City-St-Zip: TAMPA, FL 33626

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK M LASTRA P 01/07/2008