
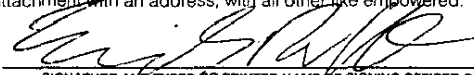


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91055 011 \*\*\*150.00

<b>DOCUMENT # P94000068908</b> 1.. Entity Name <b>DOUBLE EAGLE RETAIL CORPORATION</b>					
Principal Place of Business <b>9329 E ADAMO DR TAMPA FL 33619</b>			Mailing Address <b>9329 E ADAMO DR TAMPA FL 33619</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3270724</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>RATCLIFFE, JACK 9329 E ADAMO DR TAMPA FL 33619</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>RATCLIFFE, JACK</b> <b>9329 E ADAMO DR</b> <b>TAMPA FL 33619</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>V</b> <input type="checkbox"/> Delete <b>RATCLIFFE, ERIC</b> <b>9329 E ADAMO DR</b> <b>TAMPA FL 33619</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>V</b> <input type="checkbox"/> Delete <b>RATCLIFFE, AARON G</b> <b>13201 PINECREEK CIRCLE</b> <b>RIVERVIEW FL 33569</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete _____ _____ _____		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete _____ _____ _____		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete _____ _____ _____		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>4-14-04 813-64-7774</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		