

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90031 021 \*\*\*150.00

**DOCUMENT # P95000092931**

1. Entity Name  
**EAGLE INVESTMENT & RETIREMENT SYSTEMS, INC.**



Principal Place of Business  
**77 ALMERTA ST  
ST. AUGUSTINE, FL 32084 US**

Mailing Address  
**P.O. BOX 4050  
ST. AUGUSTINE, FL 32085-4077 US**

**40000481**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3349622** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALL, CHARLES E JR.  
77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

TITLE **PTD**  
NAME **HALL, CHARLES E JR.**  
STREET ADDRESS **P.O. BOX 4050**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32085**

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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)(l), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/6/05** Daytime Phone # \_\_\_\_\_