2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000080610

1. Entity Name
EAGLE PRINTING OF LARGO, INC.

Principal Place of Business	Mailing Address
410 S. CORONA AVENUE CLEARWATER, FL 33755 US	410 S. CORONA AVENUE CLEARWATER, FL 33755 US

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3395050		Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLELLAN, DAN
410 CORONA AVENUE
CLEARWATER, FL 33755

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCLELLAN, DAN
STREET ADDRESS	410 S. CORONA AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33755

4000036274824
05/13/04--01074--009 **175.00

TITLE	
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STREET ADDRESS	
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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: _____ Dan McClellan 04/29/04   727-461-7516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #