

2005 FOR PROFIT CORPORATION ANNUAL REPORT

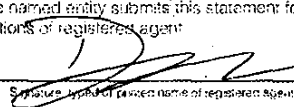
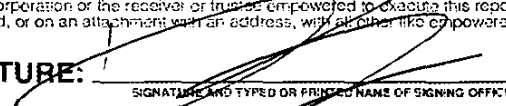
FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90980 013 ***150.00

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000080610			
1. Entity Name EAGLE PRINTING OF LARGO, INC.			
Principal Place of Business 410 S. CORONA AVENUE CLEARWATER, FL 33755 US		Mailing Address 410 S. CORONA AVENUE CLEARWATER, FL 33755 US	
2. Principal Place of Business 1408 Wilson Rd.		3. Mailing Address 1408 Wilson Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33755-2067		Zip 33755-2067	
Country U.S.		Country U.S.	
4. FEI Number 59-3395050		Applied For ☐ 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		7. Name and Address of New Registered Agent Name Dan McClellan Street Address (P.O. Box Number is Not Acceptable) 1408 Wilson Rd. City Clearwater FL Zip Code 33755	
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 		DATE 04/28/05	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLELLAN, DAN 410 S. CORONA AVENUE CLEARWATER, FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McClellan, Dan 1408 Wilson Rd. Clearwater FL 33755-2067 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(b), 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: 		DATE 04/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	