2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90980 013 ***150.00

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

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1408 Wilson Rd.	1408 Wilson Rd.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State: Clearwater FL
Zip: 33755-2067 Country: U.S.	Zip: 33755-2067 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 [signature] 04/28/05
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, 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
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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: [signature] 04/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #