PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Jul 14, 1999 8:00 am Secretary of State

1	1999	DIVISION OF CO	PRPORATIONS	Secrétary o	of State
DOCUMENT # P9700002379 V EAGLE BUSINESS SOLUTIONS, INC.				07-14-1999 90005 045 ***550.00	
Principal Place of Business Mailing Address					
3259 SPANISH MOSS LANE 3259 SPANISH MOSS LANE					
PALM HARBOR FL 34684 PALM HARBOR FL 34684					
·				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/09/1997	
2. Principal Place of Business 2a. Mailing Address		⊢ •		4. FEI Number	Applied For
21 26 Suite Ant # ofc			59-3420665	Not Applicable \$8.75 Additional	
22 27				5. Certificate of Status Desired	Fee Required
City & State	& State City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year	¬. \
24	25	29 3	ol	Intangible Personal Property.	Yes No
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	wdeur
PUNZAK, DAVID R					
	CENTRAL AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BARNETT TOWER, 20TH FLOOR			83		
ST. PETERSBURG FL 33701			84 Cit.		85 Zip Code
			84 City	F <u>L</u>	as zip code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		: Registered Agent signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS APPLICATIONS ADDITIONS/CHANGES TO OFFICERS APPLI	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	NEVILLE, THOMAS		1.2 NAME	·	_ • _
STREET ADDRESS	3259 SPANISH MOSS LANE	,	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		1,4 CITY-ST-ZIP		
TITLE	· D	DELETE	2.1 TITLE	-	Change Addition
NAME .	NEVILLE, MARY ANN		2.2 NAME		
STREET ADDRESS	3259 SPANISH MOSS LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP		 _
THLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		C. DELETE	4.2 NAME		Shangs haakish
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE '	E. S.	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1 * fi 1,		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP	C. 440 07(0)() 51 11 (0) 14 15 17	AL -4 AL - :-5

14. 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 annual report or supplemental annual 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 12 or Block 13 if planted or on an attachment with an address.

SIGNATURE: