


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000019714 1. Entity Name EAGLE EMPLOYEE SCREENING & SERVICES INC.	
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Principal Place of Business 4539 BEACH BLVD SUITE #1 JACKSONVILLE, FL 32207	Mailing Address POST OFFICE BOX 10224 JACKSONVILLE, FL 32247
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREENE, THOMAS H JR. 225 WEST WATER STREET JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000105224 04/07/04-80017-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, WALTER H POST OFFICE BOX 5966 N/A JACKSONVILLE, FL 32247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKIPPER, BOB POST OFFICE BOX 5547 N/A JACKSONVILLE, FL 32247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: <u>Robert N. Skipper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/6/04</u> <small>Date</small>	<u>904-398-8976</u> <small>Daytime Phone #</small>
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