


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90054 011 ***150.00

DOCUMENT # P97000019714					
1. Entity Name EAGLE EMPLOYEE SCREENING & SERVICES INC.					
Principal Place of Business 4539 BEACH BLVD SUITE #1 JACKSONVILLE, FL 32207			Mailing Address POST OFFICE BOX 10224 JACKSONVILLE, FL 32247		
2. Principal Place of Business 3109 SPRING GLEN RD		3. Mailing Address			
Suite, Apt. #, etc. 302		Suite, Apt. #, etc.			
City & State Jacksonville Florida		City & State		4. FEI Number 59-3438296	
Zip 32207		Country DVVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, THOMAS H JR. 225 WEST WATER STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILLIAMS, WALTER H	NAME	JAKI WAGBONER		
STREET ADDRESS	POST OFFICE BOX 5966 N/A	STREET ADDRESS	P.O. BOX 10224		
CITY-ST-ZIP	JACKSONVILLE, FL 32247	CITY-ST-ZIP	Jacksonville, FL 32247		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKIPPER, BOB	NAME	SKIPPER, BOB		
STREET ADDRESS	POST OFFICE BOX 5547 N/A	STREET ADDRESS	P.O. BOX 10224		
CITY-ST-ZIP	JACKSONVILLE, FL 32247	CITY-ST-ZIP	JACKSONVILLE, FL 32247		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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><i>Robert N. Skipper</i></u> Robert N. Skipper <u>3-2-05</u> <u>904-396-6034</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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