

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019714

FILED
Jan 06, 2009
Secretary of State

Entity Name: EAGLE EMPLOYEE SCREENING & SERVICES INC.

Current Principal Place of Business:

3109 SPRING GLEN RD.
SUITE 302
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10224
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-3438296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, THOMAS H JR.
225 WEST WATER STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, WALTER H
Address: POST OFFICE BOX 5966 N/A
City-St-Zip: JACKSONVILLE, FL 32247

Title: D () Delete
Name: SKIPPER, BOB
Address: P.O. BOX 10224
City-St-Zip: JACKSONVILLE, FL 32247

Title: D () Delete
Name: WAGGONER, JAKI
Address: P.O. BOX 10224
City-St-Zip: JACKSONVILLE, FL 32247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB SKIPPER

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date