

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020372

Entity Name: EAGLE ATHLETIC WEAR, INC.

FILED  
Apr 26, 2005  
Secretary of State

## Current Principal Place of Business:

720 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

720 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34689

## New Mailing Address:

FEI Number: 59-3431637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

McFARLAND, DONALD O ESQ  
311 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 34616 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: TZEKAS, IMER  
Address: 115 STARCREST DRIVE  
City-St-Zip: CLEARWATER, FL 34625

Title: P ( ) Delete  
Name: ISMAIL, GZIME  
Address: 720 E TARPON AVE  
City-St-Zip: TARPON SPGS, FL 34689

Title: VP ( ) Delete  
Name: ISMAIL, ASAN  
Address: 720 E TARPON AVE  
City-St-Zip: TARPON SPGS, FL 34689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: ISMAILI, ASAN  
Address: 720 E TARPON AVE  
City-St-Zip: TARPON SPGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISMAIL, GZIME

P

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date