


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 028 ***150.00

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1. Entity Name
EAGLE TECHNICAL SALES, INC.



Principal Place of Business Mailing Address
P.O. BOX 1321 P.O. BOX 1321
PONTE VEDRA BEACH FL 32004-1321 PONTE VEDRA BEACH FL 32004-1321



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
694 Copperhead Circle **694 Copperhead Circle**
Suite, Apt. #, etc. Suite, Apt. #, etc.
St. Augustine, FL. **St. Augustine, FL.**
City & State City & State
32092 USA **32092 USA**
Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For
59-3447683 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BUSCHMAN, ALBERT E JR
2215 S THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	SAPERE, THOMAS F	NAME	SAPERE, THOMAS F.
STREET ADDRESS	1173 STONEHEGE TRAIL LN	STREET ADDRESS	694 Copperhead Circle
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	CITY-ST-ZIP	St. Augustine, FL 32092
TITLE	S	TITLE	S
NAME	SAPERE, JANE M	NAME	SAPERE, JANE M
STREET ADDRESS	1173 STONEHEDGE TRAIL LANE	STREET ADDRESS	694 Copperhead Circle
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	CITY-ST-ZIP	St. Augustine, FL 32092
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemptions contained in Section 119, 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: **Thomas F. Sapere**
Thomas F. Sapere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 904-940-9799
Date Days no Phone #