


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000063511 1. Entity Name EAGLE INTERNATIONAL NORTH FLORIDA, INC.	
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Principal Place of Business 656 N BEAL PARKWAY STE J FT WALTON BCH, FL 32547	Mailing Address 656 N BEAL PARKWAY STE J FT WALTON BCH, FL 32547
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03172005 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465939	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCRUGGS, WILLIAM K JR 656 N BEAL PARKWAY STE J FT WALTON BCH, FL 32547

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IN THIS SPACE**

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: William K Scruggs Jr 4/30/05
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOR, FREDERICK D 410 BARATARIA LANE FT WALTON BCH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRUGGS, WILLIAM K JR 669 NAVY ST FT WALTON BCH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROBERT A NO 4 LOT 4 HALF MOON BEACH OLONGAPO CITY ZAM, PHILIPPINE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80091-008 150.00

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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)(f), 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: William K Scruggs Jr 4/30/05 850 463 4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #