


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000105646

1. Entity Name
EAGLE GLADES, INC.



Principal Place of Business Mailing Address

108 NORTH INDUSTRIAL LOOP **108 NORTH INDUSTRIAL LOOP**
ORANGE PARK, FL 32073 **ORANGE PARK, FL 32073**

DO NOT WRITE IN THIS SPACE

☺ F 5 3 , , , - , 1 2 0 2 F &

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3491718 Not Applicable

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

6. Name and Address of Current Registered Agent

COGDILL, JOHN
108 INDUSTRIAL LOOP NORTH
ORANGE PARK, FL 32073

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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, 2004 Fee will be \$550.00

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

U00000026053
 02/02/04-80130-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGDILL, JOHN L 108 NORTH INDUSTRIAL LOOP ORANGE PARK, FL 32073
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DO NOT WRITE 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)(b), 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:  **JANUARY 30, 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #