

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000009403

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** EAGERTON ENTERPRISES,INC.

**Current Principal Place of Business:**

2801 S.W. COLLEGE ROAD  
SUITE 22  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 448  
3101 S.W. 34TH AVE., # 905  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 59-3497511      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EAGERTON, LAWRENCE T  
1800 SW 55TH LANE  
OCALA, FL 34474 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

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** EAGERTON, LAWRENCE T  
**Address:** 1800 SW 55TH LANE  
**City-St-Zip:** Ocala, FL 34474

**Title:** SEC  
**Name:** EAGERTON, CONNIE K  
**Address:** 1800 S.W. 55TH LANE  
**City-St-Zip:** Ocala, FL 34474

I hereby 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 all other like empowered.

**SIGNATURE:** LAWRENCE EAGERTON

PSTD

03/22/2011

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

\_\_\_\_\_  
Date