


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000102176
 1. Entity Name
 EAGLETON GROVES, INC.



Principal Place of Business Mailing Address
 P.O. BOX 167 P.O. BOX 167
 FT. OGDEN, FL 34267 FT. OGDEN, FL 34267

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3545172 Not Applicable

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

6. Name and Address of Current Registered Agent
 EAGLETON, SUE ANN
 3230 E. FOREST LAKE DR.
 SARASOTA, FL 34322

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

1100000251135
 03/04/05-80036-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EAGLETON, SUE ANN
STREET ADDRESS	3230 E. FOREST LAKE DR.
CITY-ST-ZIP	SARASOTA, FL 34322
TITLE	VSD
NAME	EAGLETON, GLENN
STREET ADDRESS	5311 EVORA
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Glenn Eagleton Glenn Eagleton 2/28/05 (941) 359-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #