PORT ORANGE, FL 32119

SIGNATURE: \_

## **FILED ~2004 FOR PROFIT CORPORATION** Mar 15, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000066194 1. Entity Name BALD EAGLE CUSTOM CLOSETS INC. Principal Place of Business Mailing Address 754 KENOWOOD DR. 754 KENOWOOD DR. PORT ORANGE, FL 32119 PORT ORANGE, FL 32119 02122004 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3624626 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DAMMER, KEVIN W 754 KENOWOOD DR.

## DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional Fee Required

386-788 7568

Daytime Phone #

Not Applicable

| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remnating) DATE  |  |  |   |                                |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00  |  | Slection Campaign Fina Trust Fund Contribution |   | \$5.00 May Be<br>Added to Fees |   |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS   | OFFICERS AND DIRECT<br>P<br>DAMMER, KEVIN<br>754 KENOWOOD DR | TORS   |   |                                |   |
| GITY-ST-ZIP  FITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | PORT ORANGE, FL 32119  |  | _ |                                | U00000088376<br>03/15/04-80049-010 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |  |   | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |   | IN '                           | THIS SPACE                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |   |                                |   |
| INTLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |  | i.   |   |                                |   |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR