


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000068874</b> 1. Entity Name <b>EAGLE BUILDER SERVICES, INC.</b>	
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Principal Place of Business <b>1155 BRANTLEY ESTATES DR. ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>1155 BRANTLEY ESTATES DR. ALTAMONTE SPRINGS, FL 32714</b>
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04252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3591887</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
**CRONK, JERRY  
1155 BRANTLEY ESTATES DR.  
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000136083 04/28/04-80078-015 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CRONK, JERRY 1155 BRANTLEY ESTATES DR. ALTAMONTE SPRINGS, FL 32714</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V CRONK, JANET 1155 BRANTLEY ESTATES DR. ALTAMONTE SPRINGS, FL 32714</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BUHR, MICHAEL 5734 HERONPARK PL LITHIA, FL 33547</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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:**  **Jerry CRONK Pres.** **4/26/04** **407-862-8662**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #