

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P99000068874

1. Entity Name

EAGLE BUILDER SERVICES, INC.



Principal Place of Business

1155 BRANTLEY ESTATES DR.  
ALTAMONTE SPRINGS, FL 32714

Mailing Address

1155 BRANTLEY ESTATES DR.  
ALTAMONTE SPRINGS, FL 32714



01142007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3591887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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

Jerry Cronk Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000762172  
05/25/07-80086-004 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CRONK, JERRY  
STREET ADDRESS 1155 BRANTLEY ESTATES DR.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE V  
NAME CRONK, JANET  
STREET ADDRESS 1155 BRANTLEY ESTATES DR.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE V  
NAME BUHR, MICHAEL  
STREET ADDRESS 5734 HERONPARK PL  
CITY-ST-ZIP LITHIA, FL 33547

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 exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

407-929-4693

Daytime Phone #