


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V27995 1. Entity Name EAGLE MAINTENANCE OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 3204 LAKE GEORGE COVE DRIVE ORLANDO, FL 32812	Mailing Address 685-B GEORGIA AVENUE LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3117572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DEVORE, ROSA
685-B GEORGIA AVENUE
LONGWOOD, FL 32750**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000154721 05/05/04-20009-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, HENRY G. 3204 LAKE GEO COVE DRIVE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROURKE, MICHAEL 1007 CONLEY DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KELLY, BRUCE 436 LOBLOLLY LANE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 507, 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: Henry G. Smith **4/28/04** **407-830-0291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #