

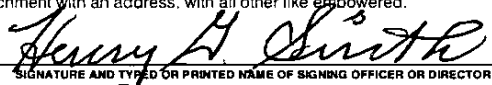


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 048 ***150.00

DOCUMENT # V27995			
1. Entity Name EAGLE MAINTENANCE OF CENTRAL FLORIDA, INC.			
Principal Place of Business 3204 LAKE GEORGE COVE DRIVE ORLANDO, FL 32812		Mailing Address 685-B GEORGIA AVENUE LONGWOOD, FL 32750	
2. Principal Place of Business		3. Mailing Address 2428 S. MAPLE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SANFORD, FLORIDA	
Zip	Country	Zip	Country
32771	USA	32771	USA
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		7. Name and Address of New Registered Agent	
DEVORE, ROSA 685-B GEORGIA AVENUE LONGWOOD, FL 32750		Name DEVORE ROSA L	
		Street Address (P.O. Box Number is Not Acceptable) 2428 SOUTH MAPLE AVENUE	
		City SANFORD FL Zip Code 32771	
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 		DATE 4/28/05	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renouncing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, HENRY G. 3204 LAKE GEO COVE DRIVE ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROURKE, MICHAEL 1007 CONLEY DRIVE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KELLY, BRUCE 436 LOBLOLLY LANE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50046803



04282005 Chg-P CR2E034 (10/03)