

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**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  
**2428 S MAPLE AVE  
SANFORD, FL 32771**



03142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3117572</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**

**DEVORE, ROSA  
2428 S MAPLE AVE  
SANFORD, FL 32771**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME SMITH, HENRY G.  
STREET ADDRESS 3204 LAKE GEO COVE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE VP  
NAME ROURKE, MICHAEL  
STREET ADDRESS 1007 CONLEY DRIVE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE S  
NAME KELLY, BRUCE  
STREET ADDRESS 436 LOBLOLLY LANE  
CITY-ST-ZIP 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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05/15/06-80095-005 150.00

**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:** *Henry G. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/06* *407-282 6065*  
Date Daytime Phone #