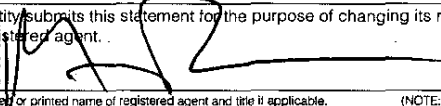
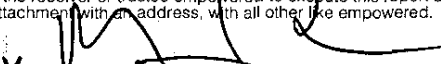


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2004 8:00 A.M.
Secretary of State

DOCUMENT # V44005 1. Entity Name EAGLE CONSTRUCTORS, INC.					
Principal Place of Business 204 HWY 98 PORT SAINT JOE, FL 32456 US			Mailing Address PO BOX 159 PORT ST JOE, FL 32457-0159 US		
2. Principal Place of Business 212-E Hwy 98		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St. Joe, FL		City & State 		4. FEI Number 59-3129512	
Zip 32456		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, MORRIS 210 HWY 98 PORT SAINT JOE, FL 32456			7. Name and Address of New Registered Agent Name Morris Palmer Street Address (P.O. Box Number is Not Acceptable) 212-E Hwy 98 City Port St. Joe FL Zip Code 32456		
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 X  Signature, typed or printed name of registered agent and title if applicable.				DATE 7-02-2004 (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		500039576315 07/27/04--01078--011 **61.25	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, MORRIS 111 CABELL DRIVE PORT SAINT JOE, FL 32456	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Palmer, Morris 125 Cabell Drive Port St. Joe, FL 32456	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Palmer, Teresa 125 Cabell Drive, Port St. Joe, FL 32456	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Daniels, Silvia 1621 Monument Avenue Port St. Joe, FL 32456	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ 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: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 7-02-2004 (850) 227-9800 Daytime Phone #	