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	Mailing Address
204 HWY 9B PORT SAINT JOE, FL 32456 US	PO BOX 159 PORT ST JOE, FL 32457-0159 US

07022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
212-E Hwy 98	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Joe, FL	City & State
Zip: 32456 Country: USA	Zip Country

4. FEI Number: 59-3129512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALMER, MORRIS 210 HWY 98 PORT SAINT JOE, FL 32456	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 _____ 7-02-2004
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 _____ 7-02-2004 (850)227-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #