2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 11 AM 8:00

DOCUMENT # V44005

1. Entity Name
EAGLE CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
218-E HIGHWAY 98 PORT SAINT JOE, FL 32456 US	PO BOX 159 PORT ST JOE, FL 32457-0159 US

08062004 Chg-P CR2E034 (10/03) MRD

2. Principal Place of Business	3. Mailing Address
212-E Hwy 98	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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 218-E HIGHWAY 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PALMER, MORRIS 125 CABELL DRIVE PORT SAINT JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800040644838 03/30/04--01068--020 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PALMER, TERESA 125 CABELL DRIVE PORT SAINT JOE, FL 32456	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DANIELS, SILVIA 1621 MONUMENT AVENUE PORT SAINT JOE, FL 32456	☐ 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
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: _____ Morris Palmer 8-6-04 850-227-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #