2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000004400

Entity Name: EAGLE CONTRACTING, INC.

Apr 04, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 637 BEACHCOMBER DR. LYNN HAVEN, FL 32444 **Current Mailing Address: New Mailing Address:** 637 BEACHCOMBER DR. LYNN HAVEN, FL 32444 FEI Number: 58-2629299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAINS, BILL 637 BÉACHCOMBER DR. LYNN HAVEN, FL 32444 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition RAINS, BILL RAINS, BILL Name: Name: 637 BEACHCOMBER DR. 2274 SALEM ROAD SUITE 106-152 Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: CONYERS, GA 30013 US

() Delete Title: Title: (X) Change () Addition LANDRESS, DWAIN Name: LANDRESS, DWAIN Name: 93 FAIR OAKS DR. Address: 2274 SALEM ROAD SUITE 106-152 Address:

CONYERS, GA 30094 CONYERS, GA 30013 US City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL RAINS PS 04/04/2003