2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State
07-21-2006 90023 034 ***158.75

DOCUMENT # F05000002949

1. Entity Name
EAGLE PUNCH, INC.

Principal Place of Business	Mailing Address
404 WEST COLLEGE STREET COLUMBIANA, AL 35051	404 WEST COLLEGE STREET COLUMBIANA, AL 35051

DO NOT WRITE IN THIS SPACE

07132006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2372243
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COYTE, DAVID E
207 OSAGE DRIVE
INDIAN HARBOUR BEACH, FL
32937

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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 of New Registered Agent, if changing) (NOTE: New Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	MCLEROY, ROBERTF. JR
STREET ADDRESS	404 WEST COLLEGE STREET
CITY-ST-ZIP	COLUMBIANA, AL 35051
TITLE	VVS
NAME	COYTE, DAVID E
STREET ADDRESS	404 WEST COLLEGE STREET
CITY-ST-ZIP	COLUMBIANA, AL 35051
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____ DAVID E. COYTE 7-17-06 205 669 2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #