## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J92526

Entity Name: EAGLE SQUADRON, INC.

FILED Nov 17, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O THOMAS L WILSON P O BOX 310107 TAMPA, FL 336807107

Current Mailing Address: New Mailing Address:

C/O THOMAS L WILSON P O BOX 310107 TAMPA, FL 336807107

FEI Number: 59-2856506 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:

WILSON, THOMAS L 5650 BRECKENRIDGE DRIVE SUITE 110 TAMPA, FL 33610 US

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: THOMAS L WILSON

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: () Change () Addition

Name: WILSON, THOMAS L.,
Address: 5650 BRECKENRIDGE DR 110 Address:

City-St-Zip: TAMPA, FL City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

Name: MCLAMORE, WHIT Name: RUNGE, DAN

 Address:
 4227 BEACHWAY DRIVE
 Address:
 5116 SYLVAN OAKS DRIVE

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 VALRICO, FL 33594

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 Statutes. 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: THOMAS L WILSON SD 11/17/2005