

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92526

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: EAGLE SQUADRON, INC.

**Current Principal Place of Business:**

4600 W SUNSET BLVD  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TOM WILSON  
P O BOX 320625  
TAMPA, FL 336790625

**New Mailing Address:**

C/O TOM WILSON  
P O BOX 320625  
TAMPA, FL 336790625 US

FEI Number: 59-2856506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, THOMAS L  
4600 W SUNSET BLVD  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

WILSON, THOMAS L  
4600 W SUNSET BLVD  
TAMPA, FL 33629 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

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: WILSON, THOMAS L  
Address: 4600 W SUNSET BLVD  
City-St-Zip: TAMPA, FL 33629

I hereby 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 all other like empowered.

SIGNATURE: THOMAS L WILSON

SD

01/04/2012

Electronic Signature of Signing Officer or Director

Date