

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J92526

**Entity Name:** EAGLE SQUADRON, INC.

**Current Principal Place of Business:**

3068 LURAVILLE ROAD  
THE VILLAGES, FL 32163

**Current Mailing Address:**

C/O TOM WILSON  
P O BOX 320625  
TAMPA, FL 33679-0625 US

**FEI Number:** 59-2856506

**Certificate of Status Desired:** No

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

WILSON, THOMAS L  
3068 LURAVILLE ROAD  
THE VILLAGES, FL 32163 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SD	Title	PD
Name	WILSON, THOMAS L	Name	SCHRAMM, JAMES E
Address	3068 LURAVILLE ROAD	Address	5445 WINHAWK WAY
City-State-Zip:	THE VILLAGES FL 32163	City-State-Zip:	LUTZ FL 33558

*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 WILSON

**SECRETARY**

**03/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date