2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AN Secretary of State **DOCUMENT # J92750** 1. Entity Name EAGER CONTRACTING, INC. Principal Place of Business Mailing Address PO BOX 222 17253 NE 75TH ST WILLISTON, FL 32696 US WILLISTON, FL 32696 The first section with the second section of the second section is a second section of the section of the second section of the section of the second section of the section of No Cha-P CR2E034 (10/03) 04292005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0009642 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EAGER, GEORGE W., JR 17253 NE 75TH ST WILLISTON, FL 32696 IN THIS SPACE . 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. DATE Signature, typed or primed name of registered agent and title it explicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MILE EAGER, GEORGE W. JR NAME PO BOX 222, 17253 NE 75TH ST STREET ADDRESS U00000354862 CRY-ST-ZIP WILLISTON, FL 32696 05/03/05-80124-013 150.00 mie EAGER, LISA MARIE NVAE PO BX 222 17253 NE 75TH ST STREET ADDRESS CITY-ST-7IP WILLISTON, FL 32696 mu NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mu NAME STREET ADDRESS CITY-ST-719 ME NW STREET ADDRESS CTTY-ST-ZIP MLE NAME

12. I hereby certify that the information supplied with this filling closs not qualify 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINCED NAME OF SIGNING OFFICER ON DATE OF THE Marre to