

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90029 032 ***150.00

DOCUMENT # P03000024867

1. Entity Name
EAGLE BUILDING CONTRACTORS, INC.



Principal Place of Business Mailing Address
16 ALABAMA LANE 16 ALABAMA LANE
AUBURNDALE, FL 33823 AUBURNDALE, FL 33823

50001919



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03052008 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For
26-0061571 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SPAIN, DAVID L Name
1611 17 ST NW Street Address (P.O. Box Number is Not Acceptable)
WINTER HAVEN, FL 33881 City **FL** Zip Code

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 agent or elected representative of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME SPAIN, DAVID STREET ADDRESS 1611 17 ST NW CITY-ST-ZIP WINTER HAVEN, FL 33881	TITLE Treas Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Michelle Holcomb STREET ADDRESS 1611 17 ST NW CITY-ST-ZIP Winter Haven, FL 33881
TITLE VP	<input type="checkbox"/> Delete NAME SPAIN, DAVID L II STREET ADDRESS 4540 COUNTRY TRAILS DR CITY-ST-ZIP POLK CITY, FL 33868	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 627, 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 filers empowered.

SIGNATURE: 3-17-08 803-559-1464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitize Photo #