



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90018 021 \*\*\*150.00

DOCUMENT # P03000037749			
1. Entity Name EAGER-I PROFESSIONAL CENTER, INC.			
Principal Place of Business 2935 SE 58TH AVENUE SUITE 2 OCALA, FL 34471		Mailing Address POST OFFICE BOX 5669 OCALA, FL 34478	
2. Principal Place of Business		3. Mailing Address P.O. Box 1060	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ocala FL	
Zip		Zip 34478-1060	
Country		Country Marion	
4. FEI Number 34-2105354		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, MICHAEL J 321 NW THIRD AVENUE OCALA, FL 34475		7. Name and Address of New Registered Agent Name Vincent J. Mazzurco Street Address (P.O. Box Number is Not Acceptable) 2935 SE 58th Ave, Suite #2 City Ocala FL Zip Code 34471	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZURCO, VINCENT S 2935 SE 58TH AVENUE #2 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZURCO, SUEANNE 2935 SE 58TH AVENUE #2 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does 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.			
SIGNATURE: 		4/16/04 (352) 624-2100 X210	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94051980



03082004 Chg-P CR2E034 (10/03)