

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097405

Entity Name: EAGAN ENTERPRISES, INC.

FILED  
Jan 17, 2009  
Secretary of State

**Current Principal Place of Business:**

511 PULLMAN RD.  
UNIT A3  
EDGEWATER, FL 32132

**New Principal Place of Business:**

**Current Mailing Address:**

511 PULLMAN RD.  
UNIT A3  
EDGEWATER, FL 32132

**New Mailing Address:**

FEI Number: 20-1315451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHITE MOUNTAIN KIOSK  
511 PULLMAN RD.  
UNIT A3  
EDGEWATER, FL 32132 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EAGAN, SUSAN I  
Address: 511 PULLMAN RD. #A3  
City-St-Zip: EDGEWATER, FL 32132

Title: S ( ) Delete  
Name: EAGAN, SUSAN  
Address: 511 PULLMAN RD. #A3  
City-St-Zip: EDGEWATER, FL 32132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN I. EAGAN

PRES

01/17/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date