

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90471 001 \*\*\*\*\*8.75  
 05-03-2004 90471 002 \*\*\*150.00

**66417677**



04292004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0625633** Applied For  Not Applicable

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

**DOCUMENT # P95000084518**  
 1. Entity Name  
**EAGLE VEGETATION REDUCTION, INC.**



Principal Place of Business  
**5599 DEWBERRY WAY  
 WEST PALM BEACH, FL 33415**

Mailing Address  
**5599 DEWBERRY WAY  
 WEST PALM BEACH, FL 33415**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**2720 Imperial Lane**  
 Suite, Apt. #, etc.  
**Sebring, FLORIDA**  
 City & State  
 Zip **33872** Country **USA**

6. Name and Address of Current Registered Agent  
**BUCKLEY, AM  
 5599 DEWBERRY WAY  
 WEST PALM BEACH, FL 33415**

7. Name and Address of New Registered Agent  
 Name **Buckley, A.M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2720 Imperial Lane**  
 City **Sebring** State **FL** Zip Code **33872**

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 *A.M. Buckley* **A.M. Buckley** DATE **4/29/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BUCKLEY, AM	
STREET ADDRESS	5599 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SAXON, PAULA L	
STREET ADDRESS	1282 WILD DAISEY LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	BUCKLEY, LINDA L	
STREET ADDRESS	5599 DEWBERRY WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *A.M. Buckley* **A.M. Buckley** DATE **4/29/04** DAYTIME PHONE # **561 310-6078**  
Signature and typed or printed name of signing officer or director. -Date Daytime Phone #