


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 11 AM 8:00

DOCUMENT # V44005
1. Entity Name
EAGLE CONSTRUCTORS, INC.



Principal Place of Business
**218-E HIGHWAY 98
PORT SAINT JOE, FL 32456 US**

Mailing Address
**PO BOX 159
PORT ST JOE, FL 32457-0159 US**



2. Principal Place of Business
212-E Hwy 98

3. Mailing Address
Suite, Apt. #, etc.

08062004 Chg-P CR2E034 (10/03) **MRS**

City & State
Port St. Joe, FL

City & State
City & State

Zip
32456

Country
USA

4. FEI Number
59-3129512

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PALMER, MORRIS
218-E HIGHWAY 98
PORT SAINT JOE, FL 32456**

7. Name and Address of New Registered Agent
Name
Morris, Palmer

Street Address (P.O. Box Number is Not Acceptable)
212-E Hwy 98

City
Port St. Joe **FL** Zip Code
32456

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, MORRIS 125 CABELL DRIVE PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, TERESA 125 CABELL DRIVE PORT SAINT JOE, FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELS, SILVIA 1621 MONUMENT AVENUE PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800040644838 08/30/04--01058--020 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Morris Palmer **8-16-04** **850-227-9800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #