

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000037026

Entity Name: EAGLE NEST RESTORATIONS, INC.**Current Principal Place of Business:**411 WALNUT ST
11055
GREEN COVE SPRINGS, FL 32043-3443**Current Mailing Address:**411 WALNUT ST
11055
GREEN COVE SPRINGS, FL 32043-3443 US**FEI Number:** 46-5503890**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BONHAM, JAMES
411 WALNUT ST
11055
GREEN COVE SPRINGS, FL 32043-3443 US*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**Officer/Director Detail :**

Title	P, T
Name	BONHAM, JAMES
Address	411 WALNUT ST 11055
City-State-Zip:	GREEN COVE SPRINGS FL 32043-3443

Title	VP, S
Name	BONHAM, DIANE
Address	411 WALNUT ST 11055
City-State-Zip:	GREEN COVE SPRINGS FL 32043-3443

Title	D
Name	BONHAM, BLAKE
Address	85 HILLER LN
City-State-Zip:	PONTE VERDA BEACH FL 32081

Title	D
Name	BONHAM, KYLE
Address	145B GASSETT RD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	D
Name	BONHAM, SETH
Address	145B GASSETT RD.
City-State-Zip:	ST. AUGUSTINE FL 32080

I hereby 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 all other like empowered.

SIGNATURE: JAMES T BONHAM**PRESIDENT****04/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date