


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90001 014 ***150.00

DOCUMENT # G59712 1. Entity Name EASTWOOD CONSTRUCTION CORPORATION					
Principal Place of Business BLD 9102 UNIT #202 CASCADA WAY NAPLES, FL 34114 US			Mailing Address PO BOX 1759 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2334247	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EASTWOOD, ALF BUILDING 9102 APARTMENT 202 CASCADA WAY NAPLES, FL 34114				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 12, 2008		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	PD EASTWOOD, ALF BLD 9102 APT 201 CASCADA WAY NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>A. Eastwood</i> (PRES) <i>June 09 '08</i> <i>239-417-1062</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

A. EASTWOOD

FLA DEPT OF STATE
DIV OF CORPORATIONS
P.O. Box 8700
TALLAHASSEE
FLA.
32314

ATTACHMENT

40108237
659712

EASTWOOD
CONSTRUCTION
CORP
P.O. BOX 1759
MARCO ISLAND, FLORIDA 34146

TEL./FAX: (239) 417-4000
CELL: 825-9546

ALF EASTWOOD
PRESIDENT

MAY 1ST 08

DEAR SIR

RE ANNUAL REPORT

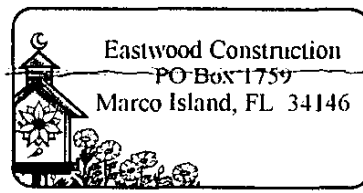
I DID NOT RECEIVE A
FORM FOR THE ANNUAL REPORT AND
I DO NOT HAVE ACCESS TO A COMPUTER.

I AM ENCLOSING A CHEQUE
IN THE SUM OF \$150⁰⁰ WHICH I BELIEVE
TO BE THE FEE.

PLEASE MAIL ME A
FORM IF YOU REQUIRE IT TO BE
COMPLETED.

YOURS TRULY

A. Eastwood



EIN # 590-334-247
LICENSE # CGC-020-496