


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90025 015 ***158.75

DOCUMENT # H60308

1. Entity Name
EAGLE CREEK COMMERCIAL COMPANY, INC.



Principal Place of Business Mailing Address

2340 STANFORD COURT 2340 STANFORD COURT
 NAPLES, FL 34112 US NAPLES, FL 34112 US

2. Principal Place of Business 3. Mailing Address

6025 Eagle Creek Drive **6025 Eagle Creek Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Naples, FL **Naples, FL**

Zip Country Zip Country

34113 **USA** **34113** **USA**

01052004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-2728764 Not Applicable

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



6. Name and Address of Current Registered Agent

AMICO, DAVID J
625 EAGLE CREEK DRIVE
NAPLES, FL 34113

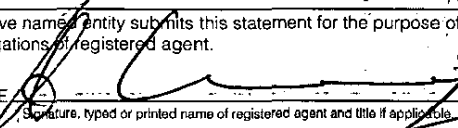
7. Name and Address of New Registered Agent

Name **Hanspeter Schwager**

Street Address (P.O. Box Number is Not Acceptable)
6025 Eagle Creek Drive

City **Naples** FL Zip Code **34113**

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:  DATE: _____

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	D <input type="checkbox"/> Delete
NAME	LIPS, HERBERT
STREET ADDRESS	625 EAGLE CREEK DRIVE X
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	PSD <input checked="" type="checkbox"/> Delete
NAME	AMICO, DAVID J.
STREET ADDRESS	625 EAGLE CREEK DRIVE
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	CTD <input type="checkbox"/> Delete
NAME	SCHWAGER, HANSPETER
STREET ADDRESS	625 EAGLE CREEK DRIVE
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	D <input type="checkbox"/> Delete
NAME	STEINEMANN, HANSJORG
STREET ADDRESS	625 EAGLE CREEK DRIVE
CITY-ST-ZIP	NAPLES, FL 34113
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/S/D/C
STREET ADDRESS	Hanspeter Schwager
CITY-ST-ZIP	6025 Eagle Creek Drive Naples, FL 34113
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T/D
STREET ADDRESS	Hansjorg Steinemann
CITY-ST-ZIP	6025 Eagle Creek Drive Naples, FL 34113
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)(l), 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:  DATE: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR