## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66371

FILED Mar 10, 2009 Secretary of State

Entity Name: EAGLES NEST RESIDENTS, INC.						
Current Pr	incipal Place	of Business:	New Principal Place of Business:			
LOT 1	AVE NORTH	22740				
	SBURG, FL					
Current Mailing Address:			New Mailing Address:			
LOT 1	AVE NORTH SBURG, FL	33710				
FEI Number:		FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:			
10823 70TH	AN, BRYAN K H AVENUE NO E, FL 33772					
The above in the State		submits this statement for the	purpose of changing it	ts registered o	ffice or registered agent, or bo	oth,
SIGNATUR	RE:					
	Electror	ic Signature of Registered A	gent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CHELIKAS, CO 7801 34TH AVE		Title: Name: Address: City-St-Zip:	SOL, RALPH 7801 34TH AVE	Change () Addition EN, LOT 62 BURG, FL 33710	
Title: Name: Address: City-St-Zip:	KOHLER, ROB 7801 34 AVE N		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SUMMERS, CH 7801 34TH AVE		Title: Name: Address: City-St-Zip:	ROGERS, BILL 7801 34TH AVE		
Title: Name: Address: City-St-Zip:	RALPH, SOL 7801 34TH AVE	Delete EN LOT 62 BURG, FL 33710	Title: Name: Address: City-St-Zip:	DAWSON, DON 7801 34TH AVE		
Title: Name: Address:	D ( ) OOSTERVELD 7801 34TH AVE		Title: Name: Address:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT KOHLER **PRES** 03/10/2009

SAINT PETERSBURG, FL 33710

City-St-Zip: