

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90195 043 ***150.00

DOCUMENT # J70065 1. Entity Name WAVERLY DEVELOPMENT/EAGLE CAY CORPORATION					
Principal Place of Business 365 FIFTH AVENUE S. SUITE 201 NAPLES, FL 34102 US			Mailing Address 365 FIFTH AVENUE S. NORTHBOROUGH, MA 01532 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 367 W. MAIN ST.			
City & State _____		City & State NORTHBOROUGH, MA			
Zip _____		Country U.S.		4. FEI Number 59-2806373	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANTARAMIAN, JACK 365 FIFTH AVENUE S. SUITE 201 NAPLES, FL 34102			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 \$150.00 After May 1, 2006 Fee will be \$550.00		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 PTD ANTARAMIAN, JACK J. 365 FIFTH AVENUE S., #201 NAPLES, FL 34102 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LAPPEN, ELIOT 1087 BEACON STREET NEWTON, MA 02459 <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 another like empowered.					
SIGNATURE: <u>JACK ANTARAMIAN, JR</u> 4/26/06 583-353-2911 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					