2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: _

SIGNATURE AND TYPED OR

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # L41570 1. Entity Name 04-22-2005 90306 019 ***158.75 EAGLE NEST BOTEL, INC. Principal Place of Business Mailing Address 3340 SHELL POINT RD W RUSKIN FL 33570 3340 SHELL POINT RD W RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address 8123 Quail Greens Terraco 8123 Quail Greens Terrace Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 59-3008485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William Street Address (P.O. Box Number is Not Acceptable) WILLIAM JAY 3940 SHELL POINT RD. W. RUSKIN-FL 33570-3 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 age SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, type od name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition WILLIAM JAY William E. William E. Jay 8123 Quail Greens Terrace NAME NAME 9340 SHELL POINT RD W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RUSKIN-FL 33570 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition Colette O. Jay 8123 Quail Greens NAME COLETTE JAY NAME 3340 W SHELL-POINT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RUSKIN FL 33570 CITY-ST-ZIP TITLE ☐ Delete -TITLE :Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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 receive 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, which is empowered.

FILED