2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-16-2006 90048 012 ****58.75
L41570
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 20 PM 4:17

03/09/06 90003 025 $100.00

DOCUMENT # L41570

1. Entity Name

EAGLE NEST BOTEL, INC.

Principal Place of Business	Mailing Address
8123 QUAIL GREENS TERRACE BRADENTON FL 34212 US	8123 QUAIL GREENS TERRACE BRADENTON FL 34212 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3008485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAY, WILLIAM E. 8123 QUAIL GREENS TERRACE BRADENTON FL 34212	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 ______ 2/2/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAY, WILLIAM E.		NAME	
STREET ADDRESS	8123 QUAIL GREENS TERRACE		STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34212		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLETTE JAY		NAME	
STREET ADDRESS	8123 QUAIL GREENS TERRACE		STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34212		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______ William E. Jay 2/2/06 941 315 0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #