

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 042 ****70.00

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1. Entity Name

LIL EAGLE'S NEST, INC.



Principal Place of Business

1181 NW 30TH AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

1181 NW 30TH AVENUE
FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

P.O. Box 16293

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip

Country

33318

Country

Broward

1st MOORE

CR2E037 (10/04)

4. FEI Number

06-1680509

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAIR, MISHEL
1181 NW 30TH AVENUE
FORT LAUDERDALE FL 33311

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CLAIR, MISHEL
STREET ADDRESS 1181 NW 30TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE DV
NAME CLAIR, MARY
STREET ADDRESS 1181 NW 30TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE D
NAME KING, KAREN
STREET ADDRESS 5443 GATE LAKE ROAD
CITY-ST-ZIP TAMARAC FL 33311 ☐ Delete

TITLE DT
NAME WRIGHT, WILLIE
STREET ADDRESS 1640 NW 27TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME CLAIR, MISHEL
STREET ADDRESS 2070 N.W. 29th Ave.
CITY-ST-ZIP Fort Lauderdale, Florida 33311 ☐ Change ☐ Addition

TITLE DV
NAME CLAIR, Mary
STREET ADDRESS 2070 N.W. 29th Ave.
CITY-ST-ZIP Fort Lauderdale Florida 33311 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 execute this report as required by Chapter 617, 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: *Mishel Clair* Mishel Clair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 2005 (954) 735-5985

Date

Daytime Phone #