


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000011221</b> 1. Entity Name ABILITIES AT EAGLES NEST, INC.	
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Principal Place of Business 2735 WHITNEY RD CLEARWATER, FL 33760	Mailing Address 2735 WHITNEY RD CLEARWATER, FL 33760
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**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 51-0530353	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GENE VP  
2735 WHITNEY RD  
CLEARWATER, FL 33760

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1300000465836 03/22/06-80052-002 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANDONATO, WILLIAM JR 2735 WHITNEY RD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KREISLE, LORI 2735 WHITNEY RD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NEVILLE, MIKE 2735 WHITNEY RD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLENKE, GUY 2735 WHITNEY RD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lori Kreisle 3-2-06 727-538-7370