

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005548

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PORT CHARLOTTE EAGLE'S NEST, INC.

**Current Principal Place of Business:**

4868 B TAMIAMI TRAIL  
APT B  
PORT CHARLOTTE, FL 339803053

**New Principal Place of Business:**

15151 CASS DRIVE  
APT. #1  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

P.O.BOX 3249  
NORTH FORT MYERS, FL 339183249

**New Mailing Address:**

FEI Number: 65-0784541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CASS, BILLY  
15151 CASS DR.  
#1  
PUNTA GORDA, FL 33982 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CASS, BILLY  
Address: 15151 CASS DR. #1  
City-St-Zip: PUNTA GORDA, FL 33982

Title: S ( ) Delete  
Name: CASS, BEVERLY  
Address: 15151 CASS DR. #1  
City-St-Zip: PUNTA GORDA, FL 33982

Title: C ( ) Delete  
Name: SWINDLER, JIM  
Address: 15046 BUCKEYE DR  
City-St-Zip: FT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY CASS

S

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date