


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90017 030 ***150.00

DOCUMENT # P02000001363			
1. Entity Name EAGLE VIEW DEVELOPMENTS, INC.			
Principal Place of Business 131 LEGEND LAKES DR. PANAMA CITY BEACH FL 32411		Mailing Address PO BOX 27789 PANAMA CITY BEACH FL 32411	
2. Principal Place of Business 3129 Merion Drive		3. Mailing Address 3129 Merion Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SANDESTIN, Florida		City & State SANDESTIN, Florida	
Zip 32550	Country USA WALTON County	Zip 32550	Country USA
6. Name and Address of Current Registered Agent NEILSON, THOMAS L 131 LEGEND LAKES DR. PANAMA CITY BEACH FL 32411		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 <u>Thomas Neilson</u> Thomas L. NEILSON 2-6-04 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEILSON, THOMAS L 131 LEGEND LAKES DR. PANAMA CITY BEACH FL 32411 3129 MERION DRIVE SANDESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NEILSON, ELISABETH C 131 LEGEND LAKES DR. PANAMA CITY BEACH FL 32411 3129 MERION DRIVE SANDESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Thomas Neilson **Thomas L. NEILSON** **2-6-04** **(850) 622-0401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #