

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000001363

1. Entity Name

EAGLE VIEW DEVELOPMENTS, INC.



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

02-11-2004 90017 030 ***150.00



MOORE CR2E034 (11/03)

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

Suite, Apt. #, etc.

3. Mailing Address
3129 Merion Drive

Suite, Apt. #, etc.

City & State
SANDESTIN, Florida

City & State
SANDESTIN, Florida

Zip
32550

Zip
32550

Country USA

Country USA

6. Name and Address of Current Registered Agent

NEILSON, THOMAS L
131-LEGEND-LAKES DR.
PANAMA CITY BEACH FL 32411 SANDESTIN, FL.
32550

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 *Thomas Neilson* Thomas L. NEILSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-04

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME NEILSON, THOMAS L 3129 MERION DRIVE
STREET ADDRESS 131-LEGEND-LAKES DR. SANDESTIN, FL
CITY-ST-ZIP PANAMA CITY BEACH FL 32411 32550

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VST Delete
NAME NEILSON, ELISABETH C 3129 MERION DRIVE
STREET ADDRESS 131-LEGEND-LAKES DR. SANDESTIN, FL 32550
CITY-ST-ZIP PANAMA CITY BEACH FL 32411

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

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 #