2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2004 8:00 am Secretary of State

DOCUMENT # P02000088201 1. Entity Name SOARING EAGLE HOLDING COMPANY					5-27-2004	90018 011 ***150.	00
Principal Plac	o of Business	Mailing Address					
Principal Place of Business 7321 HOWARD ROAD BOKEELIA, FL 33922		7321 HOWARD ROAD BOKEELIA, FL 33922				· · · · · ·	
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FE! Number 43-197318	2		plied For t Applicable
Zip	Country '	Zip	Country	5. Certificate of St	atus Desired	S8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New	Registered Agent	
Name							ļ
GREEN, BRUCE D 1520 ROYAL PALM SQUARE BLVD. SUITE 320			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
FORT MYERS, FL 33919			Ì				Ì
			City			FL Zip Code	,
	named entity submits this statement for	r the purpose of changing it	s registered office or regis	stered agent, or both, in	the State of F	Florida. I am familiar with,	and accept
CICLIATION							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature requ	uired when reinstating)		DATE	
				\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHA	NGES TO OF	FICERS AND DIRECTORS	S IN 11
TITLE	PRES	☐ Delete	IUTE			☐ Change	Addition
NAME STREET ADDRESS			NAME Street address				ł
CITY-ST-ZIP	BOKEELIA, FL 33922						
TITLE	TRES	TITLE	··· <u>·</u> ·		☐ Change	☐ Addition	
NAME	GIEDT, RONEL		NAME			•	
STREET ADDRESS CITY-ST-ZIP	7321 HOWARD ROAD BOKEELIA, FL 33922		STREET ADDRESS CITY-ST-ZIP				
TOLE	BOKELEA, I E 00522	☐ `Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				1
CITY-SI-ZIP	<u> </u>		CITY-S1-ZIP				FT Addition
TITLE NAME	·	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
Name Street address			NAME Street Address				
CITY-S1-ZIP			CITY-ST-ZIP				}
TITLE	,	☐ Delete	TITLE			☐ Change	☐ Addition
1	1		NAME				i
NAME	4.						ļ
STREET ADDRESS CITY-ST-ZIP	¥*		STREET ADDRESS 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). Forda 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

5-24-04 239 283 9282

Daytime Phone #