

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096370

FILED
Apr 29, 2004
Secretary of State

Entity Name: EAGLE'S NEST ENTERPRISES INC.

Current Principal Place of Business:

ONE DELAND AVENUE
P.O. BOX 7718
INDIAN LAKE ESTATES, FL 33855 US

Current Mailing Address:

ONE DELAND AVENUE
P.O. BOX 7718
INDIAN LAKE ESTATES, FL 33855 US

New Principal Place of Business:

822 ELDORADO DRIVE
P.O. BOX 7870
INDIAN LAKE ESTATES, FL 33855 US

New Mailing Address:

822 ELDORADO DRIVE
P.O. BOX 7870
INDIAN LAKE ESTATES, FL 33855 US

FEI Number: 20-0197359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOUPE, JOYCE L
822 ELDORADO DRIVE
INDIAN LAKE ESTATES, FL 33855 US

Name and Address of New Registered Agent:

LOUPE, JOYCE L
822 ELDORADO DRIVE
P.O. BOX 7718
INDIAN LAKE ESTATES, FL 33855 US

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: JOYCE L. LOUPE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOUPE, RICHARD N
Address: 822 ELDORADO DRIVE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

Title: VP () Delete
Name: ELLISON, TAMMY
Address: 123 PARK AVENUE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

Title: S/TR (X) Delete
Name: LOUPE, JOYCE L
Address: 822 ELDORADO DRIVE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

Title: DIR (X) Delete
Name: ELLISON, KENTON M
Address: 123 PARK AVENUE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/TR (X) Change () Addition
Name: LOUPE, JOYCE L
Address: 822 ELDORADO DRIVE
City-St-Zip: INDIAN LAKE ESTATES, FL 33855 US

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE L. LOUPE

S/TR

04/29/2004

Electronic Signature of Signing Officer or Director

Date