


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000013964</b> 1. Entity Name <b>EATONCROFT PROPERTY HOLDINGS, INC.</b>						FILED 08 APR 24 AM 7:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9350 CONROY WINDERMERE RD WINDERMERE, FL 34786</b>				Mailing Address <b>9350 CONROY WINDERMERE RD WINDERMERE, FL 34786</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
<b>\$5.00 May Be Added to Fees</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DP THAKKAR, RASESH 9350 CONROY WINDERMERE RD WINDERMERE, FL 34786</b>				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>DVST VOSS, JEFFERSON 9350 CONROY WINDERMERE RD WINDERMERE, FL 34786</b>				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7-14-08</b>			
DAYTIME PHONE # <b>407-909-9000</b>							