

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000067822

Entity Name
EAGLE CREST REALTY, INC.



Principal Place of Business
1178 8TH AVE NE
LARGO, FL 33770 US

Mailing Address
1178 8TH AVE NE
LARGO, FL 33770 US



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3203136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILES, WILLIAM T
1088 130TH WAY N
MINOLE, FL 33776

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IN THIS SPACE**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

OFFICERS AND DIRECTORS

NAME	D MILES, WILLIAM T
STREET ADDRESS	1178 8TH AVE NE
CITY-STATE-ZIP	LARGO, FL 33770
NAME	D MILES, GAIL P
STREET ADDRESS	1178 8TH AVE NE
CITY-STATE-ZIP	LARGO, FL 33770
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
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CITY-STATE-ZIP	

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IN THIS SPACE**

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 completed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/17/06 Daytime Phone: (727) 456-4565