


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90057 008 ***150.00

DOCUMENT # P94000017309			
1. Entity Name EAGLES CREST DEVELOPMENT, INC.			
Principal Place of Business 120 E. GRENADA BLVD. ORMOND BEACH, FL 32176		Mailing Address 905 SHEHY DRIVE STE. H HORSHAM, PA 19044	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

34003343



02102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HAWKINS, DONALD E 150 MAGNOLIA AVENUE BOX 2491 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Palmetto Charter Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 150 Magnolia Avenue City Daytona Beach FL Zip Code 32114	
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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.
Harold C. Hubka, Vice President
SIGNATURE: _____ DATE: **2/10/04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees -
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEFFERNAN, JR., JOSEPH E 905 SHEEHY DRIVE, STE. H HORSHAM, PA 19044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **2/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #