2005 FOR PROFIT CORPORATION ANNUAL REPORT

STUART, FL 34996

SIGNATURE:

FILED Apr 02, 2005 08:00 AM retary of State

Applied For Not Applicable

DOCUMENT # P9500 1. Entity Name EAGLE'S NEST PRESS, INC.	,			Sec	ereta	ry of Stat
Principal Place of Business 13006 HARBOUR RIDGE BLVD. PALM CITY, FL 34990	- Mailing Address 13006 HARBOUR RIDGE BLV PALM CITY, FL 34990	/D.				
				01242005 No Chg-P CR2E034 (10/03)		
DO NOT WRITE IN THIS SPA		ACE	4. FEI Numbe 59-332			Applied Fo
		- · . · . .		of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of	Current Registered Agent		<u></u>			
MCKEY, JOHN D JR. 2081 EAST OCEAN BLVD., STE.	2A		DO	NOT W	RIT	Έ

DO	NOT	WR	ITE
IN	THIS	SPA	CE

8. The above the obligat	named entity submits this statement for the pi ions of registered agent	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed by printed name of registered agent and title if	applicable (NOTE Registere	d Agent signature	required when rainstatiog)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees		
10.	- OFFICERS AND DIREC	TORS	I		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIESE, RICHARD P 13006 HARBOUR RIDGE BLVD PALM CITY, FL 34990			In days o	04/02/05-80028-004	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		- -:- :=-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_		_	
NAME 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). 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 acceiver 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.						

K. These RICHARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD!