

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90062 001 ***300.00

DOCUMENT # P96000062335	
1. Entity Name EAGLE WEST CORPORATION	



Principal Place of Business 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406	Mailing Address 3540 FOREST HILL BLVD 203 WEST PALM BEACH, FL 33406
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66413365



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0784384	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	P	<input type="checkbox"/> Delete		TITLE	V Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEATON, LINN			NAME			
STREET ADDRESS	3540 FOREST HILL BLVD #203			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33406			CITY-ST-ZIP			
TITLE	STVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENTRY, DEBORAH A			NAME			
STREET ADDRESS	3540 FOREST HILL BLVD #203			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33406			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEATON, LEE W			NAME			
STREET ADDRESS	3540 FOREST HILL BLVD #203			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33406			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	George W Heaton		
STREET ADDRESS				STREET ADDRESS	2655 N Ocean Blvd #400		
CITY-ST-ZIP				CITY-ST-ZIP	Singer Island, FL 33407		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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: <u>Deborah Dentry</u>	<u>Deborah Dentry</u>	<u>9/16/04</u>	<u>561433 4810</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #