2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000063166

1. Entity Name
EAGLES CREST WEST, INC.

Principal Place of Business	Mailing Address
27 SOUTH ORCHARD ST. STE. B ORMOND BEACH, FL 32174	27 SOUTH ORCHARD ST. STE. B ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3463098

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

DONALD E. HAWKINS, P.A.
501 SOUTH RIDGEWOOD AVE.
DAYTONA BEACH, FL 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.

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

	PD
NAM	VISCOMI, VINCENT
STREET ADDRESS	27 SOUTH ORCHARD ST. STE. B
CITY-STATE	ORMOND BEACH, FL 32174
	VPD
NAM	HEFFERNAN, JOSEPH E JR
STREET ADDRESS	905 SHEEHY DR.
CITY-STATE	HORSHAM, PA 19044
	AS
NAM	VISCOMI, ANTHONY
STREET ADDRESS	27 S ORCHARD ST SUITE B
CITY-STATE	ORMOND BEACH, FL 32174
NAM	
STREET ADDRESS	
CITY-STATE	
NAM	
STREET ADDRESS	
CITY-STATE	
NAM	
STREET ADDRESS	
CITY-STATE	

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

SIGNATURE: Vincent Viscomi 4/28/04 386/676-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #