2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000098192

Entity Name
 EGRET INVESTMENTS, INC.



Principal Place of Business

C/O STILES CORPORATION 300 SE 2ND ST

FORT LAUDERDALE, FL 33301

Mailing Address

C/O STILES CORPORATION
300 SE 2ND ST

FORT LAUDERDALE, FL 33301

FILED Mar 24, 2005 08:00 AM Secretary of State



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0878862 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, PATRICIA C/O STILES CORPORATION 300 SE 2ND ST FT. LAUDERDALE, FL 33301

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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, 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, 2005 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	iling 🔲	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STILES, TERRY W 300 SE 2ND ST FORT LAUDERDALE, FL 33301				0000002 03/24/05-8	74323 0007-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 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.						

D NAME OF SIGNING OFFICER OR DIRECTOR