

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000037026

**Entity Name:** EAGLE NEST RESTORATIONS, INC.

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC9020086343**

**Current Principal Place of Business:**

411 WALNUT ST  
11055  
GREEN COVE SPRINGS, FL 32043-3443

**Current Mailing Address:**

411 WALNUT ST  
11055  
GREEN COVE SPRINGS, FL 32043-3443 US

**FEI Number:** 46-5503890

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BONHAM, JAMES  
411 WALNUT ST  
11055  
GREEN COVE SPRINGS, FL 32043-3443 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, T  
Name BONHAM, JAMES  
Address 411 WALNUT ST  
11055  
City-State-Zip: GREEN COVE SPRINGS FL 32043-3443

Title VP, S  
Name BONHAM, DIANE  
Address 411 WALNUT ST  
11055  
City-State-Zip: GREEN COVE SPRINGS FL 32043-3443

Title D  
Name BONHAM, BLAKE  
Address 85 HILLER LN  
City-State-Zip: PONTE VERDA BEACH FL 32081

Title D  
Name BONHAM, KYLE  
Address 145B GASSETT RD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title D  
Name BONHAM, SETH  
Address 145B GASSETT RD.  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES T BONHAM

**PRESIDENT**

**04/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date