

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004562

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: EAGLE CREST ENTERPRISES, INC.

**Current Principal Place of Business:**

3183 N.E. APPALOOSA ST.  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

3183 N E APPALOOSA ST  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 41-1717180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRINKUT, MARION  
3183 N.E. APPALOOSA ST.  
ARCADIA, FL 34266 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: DRINKUT, MARION  
Address: 3183 N E APPALOOSA ST  
City-St-Zip: ARCADIA, FL 34266

Title: DS ( ) Delete  
Name: DRINKUT, PAULA  
Address: 1541 BRICKELL AVE., #2106  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: DRINKUT, JEAN  
Address: 3183 N E APPALOOSA ST  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARION DRINKUT

CP

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date