

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # G00808

1. Entity Name

EMINENT TECHNOLOGY, INC.



Principal Place of Business

% F. BRUCE THIGPEN, III
225 EAST PALMER ST.
TALLAHASSEE FL 32301

Mailing Address

% F. BRUCE THIGPEN, III
225 EAST PALMER ST.
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2235122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THIGPEN, F. BRUCE III
1026 MERRITT DR.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME STEWART, WILLIAM L
STREET ADDRESS 818 BAHAMA DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME BAGWELL, CHARLES C
STREET ADDRESS 4019 ROSCREA DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE PT ☐ Delete
NAME THIGPEN, BRUCE F III
STREET ADDRESS 1026 MERRITT DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME MUFFLEY, GARY W
STREET ADDRESS 3856 SILVER CHALICE RD
CITY-STATE-ZIP MEMPHIS TN

TITLE S ☐ Delete
NAME THIGPEN, FREDERICK B MD
STREET ADDRESS 1455 MARION AVENUE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000411926
02/10/06-80026-011 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

F Bruce Thigpen

1/10/06

850 515 5655