## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N02000000491 1. Entity Name 04-12-2004 90269 039 \*\*\*\*61 25 THE COUNCIL OF EMINENT DOMAIN EXPERTS, INC. Principal Place of Business Mailing Address SAINT PETERSBURG FL 33704 SAINT PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 1530 Dr Martin Lether Kinguli Sink 1530 Dr. Martin Lurner King St N. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Stretursburg Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33704 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEGINALLS V. MESIMER MESIMER, REGINALA Street Address (P.O. Box Number is Not Acceptable 1530 Dr Martin Luther 1530 9TH N. SAINT PETERSBURG FL 33704 8.4The 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Change Addition TITLE ☐ Delete MESIMER, REGGIE REGINALD MESIMER NAME NAME 1530 Dr Martin Luther King Jr. St. N. 1530 9TH ST. N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition VAN SCOIK, WILBER G NAME 2111 DREW ST. STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-ZIP ☐ Delefe \_ . 🗀 Addition TITLE RICHARN Parham DARHAM, RICHARD NAME NAME 10014 NORTH DALE MABRY HW STREET ADDRESS STREET ADDRESS Samo **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP 12. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachroent with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #