


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000491 1. Entity Name THE COUNCIL OF EMINENT DOMAIN EXPERTS, INC.	
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Principal Place of Business 1530 DR MARTIN LUTHER KING ST. N SAINT PETERSBURG, FL 33704	Mailing Address 1530 DR MARTIN LUTHER KING ST. N SAINT PETERSBURG, FL 33704
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04272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MESIMER, REGINALD V
1530 DR. MARTIN LUTHER KING JR.
SAINT PETERSBURG, FL 33704**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000756176
05/23/07-80022-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MESIMER, REGINALD 1530 DR. MARTIN LUTHER KING JR., ST. N ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARHAM, RICHARD 10014 NORTH DALE MABRY HW TAMPA, FL 33618
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:  **Reginald Mesimer** **4-27-07** **727-894-8589**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #