


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059960 1. Entity Name EMINENT PROPERTIES, INC.	
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Principal Place of Business 437 N MAGNOLIA AVE ORLANDO, FL 32801	Mailing Address 437 N MAGNOLIA AVE ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2638694	Applied For 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 WILSON, J CHRISTY III 437 N MAGNOLIA AVE ORLANDO, FL 32801
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT WILSON, J CHRISTY III 1008 RIDGECREST ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILSON, EDITH 1008 RIDGECREST ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLEMAN, JAN P 1896 WHITE AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/07/04-80029-001 150.00

12. I hereby 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6/30/04 407-843-4311 <small>Date Daytime Phone #</small>
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