


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90049 024 ***158.75

DOCUMENT # P03000041886			
1. Entity Name GOLDNEYE CORPORATION			
Principal Place of Business 5257 TIMUCUA CIRCLE ST. AUGUSTINE, FL 32086		Mailing Address 5257 TIMUCUA CIRCLE ST. AUGUSTINE, FL 32086	
2. Principal Place of Business 4255 US1 South		3. Mailing Address	
Suite, Apt. #, etc. Suite 15016		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State	
Zip 32086	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LEON, LISA M 5095 US 1 SOUTH ST. AUGUSTINE, FL 32086		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, FRANCES 5257 TIMUCUA CIRCLE ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, TOM 5257 TIMUCUA CIRCLE ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Frances Murray</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/31/04</u> 904-794-7868 Daytime Phone #	

94033427



01222004 Chg-P CR2E034 (10/03)

4. FEI Number **41-2091056** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required