

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000041886
 1. Entity Name
 GOLDNEYE CORPORATION



Principal Place of Business: 4255 US 1 SOUTH STE 15/16 ST. AUGUSTINE, FL 32086
 Mailing Address: 5257 TIMUCUA CIRCLE ST. AUGUSTINE, FL 32086

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01192005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent
 LEON, LISA M
 5095 US 1 SOUTH
 ST. AUGUSTINE, FL 32086

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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, 2005 Fee will be \$550.00

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

1100000245821
 02/28/05-80035-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURRAY, FRANCES
STREET ADDRESS	5257 TIMUCUA CIRCLE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	T
NAME	MURRAY, TOM
STREET ADDRESS	5257 TIMUCUA CIRCLE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Frances E Murray* 1/31/05 904-794-7868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #