


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000090800 1. Entity Name EAGLE VIEW MANAGEMENT CORPORATION	
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Principal Place of Business 109 CUNNINGHAM DR NEW SMYRNA BCH, FL 32168	Mailing Address 109 CUNNINGHAM DR NEW SMYRNA BCH, FL 32168
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3376141	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  OWENS, DAVID J 109 CUNNINGHAM DR NEW SMYRNA BCH, FL 32168	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OWENS, DAVID J 109 CUNNINGHAM DR NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, CAROL B 109 CUNNINGHAM DR NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TINDELL, ELAINE 5 RIVERSIDE CIRCLE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000178213  
01/12/05-80018-018 158.75

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: <i>David J. Owens</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DAVID J. OWENS 1/11/2005 386 405-0020 <small>Date Daytime Phone #</small>