2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# P03000095171

Entity Name: EYE ABIDE, INC.

Current Principal Place of Business:

7400 POWERS AVE #376
JACKSONVILLE, FL 32217

New Principal Place of Business:

P.O. BOX 551337
JACKSONVILLE, FL 32255

Current Mailing Address:

7400 POWERS AVE #376
JACKSONVILLE, FL 32217

New Mailing Address:

P.O. BOX 551337
JACKSONVILLE, FL 32255

FEI Number: 02-0704923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCE, KENTON J
7400 POWERS AVE #376
JACKSONVILLE, FL 32217

Name and Address of New Registered Agent:

SPENCE, KENTON J
10200-28 BELLE RIVE BLVD
JACKSONVILLE, FL 32256

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.

SIGNATURE: KENTON J. SPENCE 04/16/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: SPENCE, KENTON J MR.
Address: P.O. BOX 551337
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENTON J. SPENCE P 04/16/2004
Electronic Signature of Signing Officer or Director Date