2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

Aug 18, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P04000111672** 04-29-2005 90220 013 ***150.00 1. Entity Name EMINENT DOMAIN, INC. Principal Place of Business Mailing Address 108 LOS CEDROS DR ANNA MARIA FL 34216 P.O. BOX 765 ANNA MARIA FL 34216 2. Principal Place of Business 3. Mailing Address 8350 Sauchnel Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 67 City & State City & State 4. FEI Number Applied For 34-2006525 OW Zip 多3 Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William Goylord -RANDOLPH, WILLIAM GAYLORD Street Address (P.O. Box Number is Not Acceptable) 2727 W FLETCHER AVE 38-5 ···- - -TAMPA FL-33618-Zip Code Tempa 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 princed name of registered agent and title if applicable (MOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete DILE TITLE Change RANDOLPH, WILLIAM GAYLORD Randolph NAME NALES , William Conjurd 2727 W PLETCHER AVE 93-J. STREET ADDRESS STREET ADDRESS 83SU TAMPA EL 3361B CITY-ST-ZIP CITY-SI-7IP さるじょく TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIFLE ☐ Delete HILE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P C1TY-S1-71P TITLE Detets TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIF CITY-ST-ZIP 12. Thereby 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 it am an officer or director of the corporation or the receiver or trusted 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 withan address, with all press like empowered.

FILED



May 15, 2005

EMINENT DOMAIN, INC. P.O. BOX 755 ANNA MARIA, FL 34216

Subject: EMINENT DOMAIN, INC.

--P04000111672-

Reference-Number:--

Please be advised, we have received your annual report/uniform business report

and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/wj ANNUAL REPORTS SECTION