


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000090580 1. Entity Name ALL EYES HOME MANAGEMENT, INC.	
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Principal Place of Business 7512 SOUTH LEEWYNN DR SARASOTA, FL 34240-9658	Mailing Address 5900 SOUTH TAMiami TRAIL SUITE 1 SARASOTA, FL 34231
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 SOUTH TAMiami TRAIL SUITE 1 SARASOTA, FL 34231
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**DO NOT WRITE
IN THIS SPACE**

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 <u>Catherine L. Tracy</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1-20-04</u> <small>(NOTE: Registered Agent signature required when reconstituting)</small>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FONG, KATHLEEN M 7512 SOUTH LEEWYNN DR SARASOTA, FL 342409658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FONG, ROBERT T 7512 SOUTH LEEWYNN DR SARASOTA, FL 342409658
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02/10/04-80043-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.	
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SIGNATURE: <u>Kathleen Fong - Kathleen Fong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/6/04 <small>Date</small>	941-378-8669 <small>Daytime Phone #</small>
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