

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095797

FILED
Apr 05, 2005
Secretary of State

Entity Name: EAGLE-EYE AIRBOAT TOURS, INC.

Current Principal Place of Business:

6470 CEDAR LANE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 104
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 20-0196583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, RONALD D
6470 CEDAR LANE
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: MORGAN, LISA M
Address: POST OFFICE BOX 104
City-St-Zip: BROOKSVILLE, FL 34605

Title: VP () Delete
Name: MORGAN, RONALD D
Address: POST OFFICE BOX 104
City-St-Zip: BROOKSVILLE, FL 34605

Title: D () Delete
Name: MORGAN, LISA
Address: POST OFFICE BOX 104
City-St-Zip: BROOKSVILLE, FL 34605

Title: D () Delete
Name: MORGAN, RONALD D
Address: POST OFFICE BOX 104
City-St-Zip: BROOKSVILLE, FL 34605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LISA MORGAN

P

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date