


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 05, 2004 08:00 AM

Secretary of State

REC'D FEB 02 2004

| | |
|--|---|
| DOCUMENT # F98000006436 1. Entity Name REALTY MANAGEMENT CONSULTANTS, INC. |  |
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| Principal Place of Business 5111 S. 76TH STREET 2ND FLOOR GREENDALE WI 53129 | Mailing Address P.O. BOX 137 GREENDALE WI 53129 |
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| 2. Principal Place of Business Suite, Apt. #, etc | 3. Mailing Address Suite, Apt. #, etc |
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| | |
|----------------------------------|----------------------------------|
| City & State Zip Country | City & State Zip Country |
|----------------------------------|----------------------------------|



MOORE CR2E034 (11/03)

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| 6. Name and Address of Current Registered Agent STROSS LAW FIRM, PROFESSIONAL ASSOCIATION 1801 PEPPER TREE DRIVE OLDSMAR FL 34677 | 7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code |
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| 4. FEI Number 39-1283688 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 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 | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> PCT SCHLYTTER, ROBERT B 2718 SOUTH SHORE DRIVE BAY VIEW WI 53207 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table> | PCT SCHLYTTER, ROBERT B 2718 SOUTH SHORE DRIVE BAY VIEW WI 53207 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> VSVC RIORDAN, SUSAN L 2615 NORMAN COURT BROOKFIELD WI 53045 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table> | VSVC RIORDAN, SUSAN L 2615 NORMAN COURT BROOKFIELD WI 53045 | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|---|---|---|
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan L Riordan **SUSAN L RIORDAN** 3/1/2004 414-281-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #