


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90191 007 \*\*\*150.00

DOCUMENT # H91476					
1. Entity Name MERCEDES HOMES REALTY, INC.					
Principal Place of Business 6767 N. WICKHAM RD #500 MELBOURNE, FL 32940 US		Mailing Address 6767 N. WICKHAM RD #500 MELBOURNE, FL 32940 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2624117	
				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			7. Name and Address of New Registered Agent		
BUESCHER, KEITH 6767 N. WICKHAM RD SUITE 500 MELBOURNE, FL 32940			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUESCHER, KEITH		NAME		
STREET ADDRESS	812 OAK PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUESCHER, MERCEDES		NAME		
STREET ADDRESS	6680 STILLPOINT DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUESCHER, HOWARD		NAME		
STREET ADDRESS	6680 STILLPOINT DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUESCHER, SCOTT M.		NAME		
STREET ADDRESS	743 GLENGARRY DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIRARD, SUSAN		NAME		
STREET ADDRESS	898 OAK PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YELLAND, RONALD J		NAME		
STREET ADDRESS	5320 CHISWICK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
12. I hereby 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 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: 		4.24.04		6321.259-6972	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

64000000



04272004 Chg-P CR2E034 (10/03)

Attachment

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Page 2

Mercedes Homes Realty, Inc.

Continuation of #11

Addition:

T D

Kush, Robert M.

837 Oak Park Drive

Melbourne, FL 32940