


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90078 018 \*\*\*150.00

<b>DOCUMENT # M96181</b>	
1. Entity Name REAL ESTATE OPTIONS, INC.	

Principal Place of Business 1012 PONTERIN PENSACOLA BEACH, FL 32561 US	Mailing Address P.O. BOX 580 GULF BREEZE, FL 32561 US
--	---



01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business <i>7910 Thomley Trail</i>	3. Mailing Address <i>7910 Thomley Trail</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Pensacola FL</i>	City & State <i>Pensacola FL</i>	4. FEI Number <b>59-2904017</b>	Applied For Not Applicable
Zip <i>32526</i>	Country	Zip <i>32526</i>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent

FRITZ, BLAINE  
1012 PANFERIO  
PENSACOLA BEACH, FL 32561

7. Name and Address of New Registered Agent

Name *Blaine Fritz*  
 Street Address (P.O. Box Number is Not Acceptable)  
*7910 Thomley Trail*  
 City *Pensacola* FL Zip Code *32526*

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 *Blaine Fritz* DATE *1/13/04*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRITZ, BLAINE 1012 PANFERIO PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRITZ, FRANKLYN 7910 THOMLAY TRAIL PENSACOLA, FL 32526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PSTD</i> <i>Fritz, Blaine</i> <i>7910 Thomley Trail</i> <i>Pensacola, FL 32526</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Blaine Fritz* *Blaine Fritz* DATE *1/13/04*

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