


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 011 ***150.00

DOCUMENT # P03000007869

1. Entity Name
AMERICAN REALTY TEAM, INC.



Principal Place of Business
**8220 CELESTIAL WAY
 UNIT 3
 JUNO BEACH, FL 33408**

Mailing Address
**8220 CELESTIAL WAY
 UNIT 3
 JUNO BEACH, FL 33408**

2. Principal Place of Business
220 Celestial Way
 Suite, Apt. #, etc.
Unit 3

3. Mailing Address
220 Celestial Way
 Suite, Apt. #, etc.
Unit 3

City & State
Juno Beach, FL 33408

City & State
Juno Beach, FL 33408

Zip Country Zip Country



01082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3262226

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WHITE, JOHN II
 1645 PALM BEACH LAKES BLVD.
 SUITE 1200
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 | CURRY, JOHN M | | | NAME | | | |
| STREET ADDRESS | 220 CELESTIAL WAY, UNIT 3 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JUNO BEACH, FL 33408 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: John M Curry **1-8-04** **781-935-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #