

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048197

**FILED**  
**Jul 08, 2004**  
**Secretary of State**

**Entity Name:** SUNLINER REALTY GROUP, INC.

**Current Principal Place of Business:**

2085 A1A SOUTH  
STE 201  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

2085 A1A SOUTH  
STE 201  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**FEI Number:** 59-3324309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, PHILIP H  
461 AIA BCG BLVD  
ST AUGUSTINE, FL 32080

**Name and Address of New Registered Agent:**

JACOBS, PHILIP H  
356 S OCEAN TRACE RD  
ST AUGUSTINE, FL 32080

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

07/08/2004

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: JACOBS, PHILIP  
Address: 461 AIA BCH BLVD  
City-St-Zip: ST AUGUSTINE BEACH, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: JACOBS, PHILIP H  
Address: 461 AIA BCH BLVD  
City-St-Zip: ST AUGUSTINE BEACH, FL 32084

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: PHILIP H. JACOBS

Electronic Signature of Signing Officer or Director

PSTD

07/08/2004

Date