


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90351 050 ***150.00

DOCUMENT # G25263

1. Entity Name
EAST PARK REALTY, INC.



Principal Place of Business
3300 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207 US

Mailing Address
POST OFFICE BOX 5369
JACKSONVILLE, FL 32247-5369 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

01092004 Chg-P CR2E034 (10/03)

Zip Country Zip Country

4. FEI Number
59-2298934

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCGEHEE, SUTTON
3300 PHILLIPS HWY
JACKSONVILLE, FL 32207

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 Delete
 NAME **VD**
MCGEHEE, FRANK S.
 STREET ADDRESS **3300 PHILLIPS HWY**
 CITY-ST-ZIP **JACKSONVILLE, FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CPD**
MCGEHEE, THOMAS R.
 STREET ADDRESS **3300 PHILLIPS HWY**
 CITY-ST-ZIP **JACKSONVILLE, FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TAS**
ROGERS, JONATHAN Y
 STREET ADDRESS **3300 PHILLIPS HWY**
 CITY-ST-ZIP **JACKSONVILLE, FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CFO**
BRENT, JOHN
 STREET ADDRESS **3300 PHILLIPS HWY**
 CITY-ST-ZIP **JACKSONVILLE, FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
MCGEHEE, TR JR
 STREET ADDRESS **3300 PHILLIPS HWY**
 CITY-ST-ZIP **JACKSONVILLE, FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **v**
 NAME **MCGEHEE, SUTTON**
 STREET ADDRESS **3300 PHILLIPS HWY**
 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **President** Change Addition
 NAME
 STREET ADDRESS
 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: Sutton McGehee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sutton
McGehee **4-23-04** **904-348-3300**
Date Daytime Phone #