

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90025 031 \*\*\*150.00

**DOCUMENT # 160445**

1. Entity Name  
**REALTY INVESTMENT & RENTAL CORPORATION**



Principal Place of Business  
**725 N. MAIN ST.  
P.O. BOX 2453  
GAINESVILLE, FL 32602-2453**

Mailing Address  
**725 N. MAIN ST.  
P.O. BOX 2453  
GAINESVILLE, FL 32602-2453**

**94027220**



01162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-6070002</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>KEETER, PATRICK E 2426 N.W. 27TH PLACE GAINESVILLE, FL 32605</b>				Name _____			
				Street Address (P.O. Box Number is Not Acceptable) _____			
				City _____			
				State <b>FL</b> 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: *Patrick E. Keeter, Secretary-Treasurer* DATE: 03-07-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEETER, PATRICK E			NAME			
STREET ADDRESS	2436 NW 27TH PLACE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEETER, ROBERT A			NAME			
STREET ADDRESS	5024 NW 27TH COURT			STREET ADDRESS	19 N.W. 22ND DRIVE		
CITY-ST-ZIP	GAINESVILLE, FL			CITY-ST-ZIP	GAINESVILLE, FL 32603-1404		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEETER, JAMES W			NAME			
STREET ADDRESS	115 VIEW POINT PLACE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			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			
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			
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			

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: *Patrick E. Keeter, President* DATE: 03-07-04 DAYTIME PHONE #: (352) 371-2652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR