

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90091 001 ***150.00

DOCUMENT # 479824 1. Entity Name FIRST REALTY OF DUNNELLON, INC.			
Principal Place of Business 11983 N WILLIAMS ST DUNNELLON FL 34430 US		Mailing Address PO BOX 300 DUNNELLON FL 32630 US	
2. Principal Place of Business 20668 W. PENNSYLVANIA AVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 300 Suite, Apt. #, etc. SAME	
City & State DUNNELLON FL Zip 34431 Country MARION		City & State Zip Country	
4. FEI Number 59-1630802		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, CHARLES J. 9671 SW 190 AVE ROAD DUNNELLON FL 34432		7. Name and Address of New Registered Agent Name PATRICIA A PORTER Street Address (P.O. Box Number is Not Acceptable) 20668 W PENNSYLVANIA AVE. City DUNNELLON FL Zip Code 34431	
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 <u><i>Patricia A. Porter</i></u> PATRICIA A. PORTER 4-5-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS PORTER, PATRICIA A 11463 SILVERLAKE PT.- P O BOX 336 DUNNELEON FL 34430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: <u><i>Patricia A. Porter</i></u> PATRICIA A. PORTER, PRES		Date 4/13/04 Daytime Phone # 489377	