### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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#### **DOCUMENT # 485196**

1. Entity Name

ANACONDA REALTY CO.



Principal Place of Business

1881 NE 26 ST.

SUITE 244-C

FT. LAUDERDALE, FL 33305 US

Mailing Address

1881 NE 26 ST SUITE 244-C

FT. LAUDERDALE, FL 33305

5 US

### FILED Apr 08, 2004 08:00 AM Secretary of State



01232004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1626542

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, GARY K 358 NE ALICE ST

JENSEN BEACH, FL 34957

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	above named entity submits this statement for the p bligations of registered agent.	urpose of changing its registered office of	r regislered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNAT	URE	If applicable (NOTE Registered Agent signate	ure required when reinstating)	DATE
Afte	FILE NOW!!! FEE IS \$150.00 or 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			
W-0	070			

TITLE NAME FISHER, GARY K. 358 NE ALICE ST STREET ADDRESS CITY - ST - ZIP JENSEN BEACH, FL 34957 VS TETE NAME FISHER, CHERYL STREET ADDRESS 358 NE ALICE ST JENSEN BEACH, FL 34957 CSTY-ST-ZIP TRUE NAME STREET ADDRESS C37Y - ST - ZIP TITLE NAME STREET ADDRESS

U00000106567 04/08/04-80020-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 employeed to execute this report as required by Chapter 507, 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

CRY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CRY-SI-ZIP

AGMATURE AND TYPED OR PRIN

GARY

ER 4/6/0

772-334-4402

Daytime Phone #