


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90019 016 \*\*\*158.75

<b>DOCUMENT # 491784</b> 1. Entity Name <b>FLORDECO REALTY, INC.</b>					
Principal Place of Business <b>3591 FOWLER STREET P.O. BOX 6966 FORT MYERS, FL 33911</b>			Mailing Address <b>3591 FOWLER STREET P.O. BOX 6966 FORT MYERS, FL 33911</b>		
2. Principal Place of Business <b>8359 BEACON BLVD</b>		3. Mailing Address <b>P.O. BOX 6966</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>FORT MYERS</b>		City & State		4. FEI Number <b>59-1984345</b>	
Zip <b>33907</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRONIN, THOMAS R SR 3591 FOWLER ST SAINT PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8359 BEACON BLVD</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33907</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD CRONIN, THOMAS R. 3591 FOWLER ST. FT MYERS, FL 00000.</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FOX, ALLAN E. 3591 FOWLER ST. FT. MYERS, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 the empowered.					
<b>SIGNATURE: <u>ALLAN E. FOX</u>      <u>2/27/04</u>      <u>239-936-8888</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

**94025505**



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