
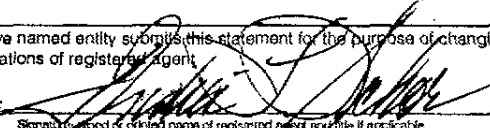
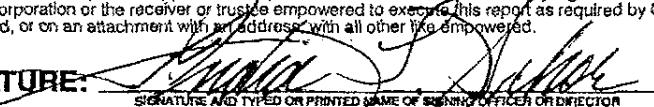


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # 495825</b>		
1. Entity Name <b>FOUR SEASONS REALTY, INC.</b>		
Principal Place of Business <b>501 MARY ESTHER CUT-OFF STE 8 FT. WALTON BCH, FL 32548</b>	Mailing Address <b>501 MARY ESTHER CUT-OFF STE 8 FT. WALTON BCH, FL 32548</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>SCHOR, INDIA L. 501 MARY ESTHER CUT-OFF, STE 8 FT. WALTON BEACH, FL 32548</b>		<b>DO NOT WRITE IN THIS SPACE</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  <small>Signature typed or printed name of registered agent to file 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</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOR, INDIA L 501 MARY ESTHER CUT-OFF SUITE 8 FT WALTON BCH, FL 32548	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHOR, INDIA L 501 MARY ESTHER CUT-OFF SUITE 8 FT WALTON BCH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANNIX, WILLIAM J P 501 MARY ESTHER CUTOFF SUITE 8 FT WALTON BCH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAINBRIDGE, WALTER C 501 MARY ESTHER CUTOFF SUITE 8 FT WALTON BCH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/8/04</b> <b>850.243-2233</b> <small>Daytime Phone #</small>



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1646838</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

000000002231  
01/13/04-80004-006 150.00