

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 518362

1. Entity Name
REAL ESTATE ONE, INC.



Principal Place of Business
1200 W HIGHWAY 434
SUITE 100
LONGWOOD, FL 32750 US

Mailing Address
1200 W HIGHWAY 434
SUITE 100
LONGWOOD, FL 32750 US



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1714867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PULTE T J
1200 W. HIGHWAY 434
STE 100
LONGWOOD, FL 32750

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000023482
02/02/04-80028-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELSEA, RICHARD S
STREET ADDRESS 30043 FOX RUN
CITY-ST-ZIP BIRMINGHAM, MI

TITLE S
NAME TICKNER, ELLEN M
STREET ADDRESS 4140 N FULTON PLACE
CITY-ST-ZIP ROYAL OAK, MI 48073

TITLE T
NAME DENHOLM, DOUGLAS M
STREET ADDRESS 1343 WOODBRIDGE LN
CITY-ST-ZIP WIXOM, MI 48393

TITLE VP
NAME PULTE, T. J.
STREET ADDRESS 3323 S ST. LUCIE DRIVE
CITY-ST-ZIP CASSELBERRY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Douglas M. Denholm **DOUGLAS M. DENHOLM** TREASURER 1-2304
1-248-208-2908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #