

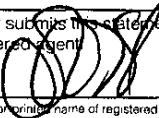


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90077 022 \*\*\*150.00

<b>DOCUMENT # 560140</b> 1. Entity Name <b>PORT CHARLOTTE REALTY, INC.</b>					
Principal Place of Business <b>3221-A TAMiami TR PORT CHARLOTTE, FL 33952-8002</b>			Mailing Address <b>3221-A TAMiami TR PORT CHARLOTTE, FL 33952-8002</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO Drawer 511447</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Punta Gorda, FL</b> Zip      Country <b>33951-1447      USA</b>		4. FEI Number <b>59-0876281</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For <input type="checkbox"/> Not Applicable		04072004      Chg-P      CR2E034 (10/03)			
6. Name and Address of Current Registered Agent  <b>RANDOL, MONROE G 3221 TAMiami TRAIL PORT CHARLOTTE, FL</b>				7. Name and Address of New Registered Agent Name <b>Jack O. Hackett II</b> Street Address (P.O. Box Number is Not Acceptable) <b>99 Nesbit St.</b>  City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</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:  (NOTE: Registered Agent signature required when reinstating)      DATE:					
<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	P <b>DRAWDY, CYNTHIA R 24502 NOVA LN. PORT CHARLOTTE, FL 33980</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD <b>CYNTHIA LOU DRAWDY 24502 Nova Ln. Port Charlotte, FL 33980</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST <b>DEPERBROCK, CAROLYN 186 DEERFIELD AVE. PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CAROLYN SUE DEPENBROCK 186 Deerfield Ave. Port Charlotte, FL 33952</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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>Cynthia Lou Drawdy</u> 4/8/04 <u>CYNTHIA LOU DRAWDY VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Designation</small>					

947-6254193