

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90055 014 ***150.00

DOCUMENT # F02000005604					
1. Entity Name LTC REALTY GROUP, INC.					
Principal Place of Business 304 BLACK STREET THOMSON, GA 30824			Mailing Address 12911 OAK SHADOW PLACE TAMPA, FL 33624		
2. Principal Place of Business Suite, Apt. #, etc.:		3. Mailing Address 5183 Jasmine Way Suite, Apt. #, etc.:			
City & State		City & State Palm Harbor FL		4. FEI Number 16-1634365	
Zip		Country 34685 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAGAN, EDWIN 2709 ROCKY POINT DRIVE TAMPA, FL 33607			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PC NAME ATKINS, BEN STREET ADDRESS 12911 OAK SHADOW PLACE CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE PC NAME Atkins Ben STREET ADDRESS 5183 Jasmine Way CITY-ST-ZIP Palm Harbor FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME DALLAS, ALBERT H STREET ADDRESS 304 BLACK ST., SE CITY-ST-ZIP THOMSON, GA 30824	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TSVC NAME MORRISON, MARYA STREET ADDRESS 12911 OAK SHADOW PLACE CITY-ST-ZIP TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		TITLE TSVC NAME Morrison, Marya STREET ADDRESS 5183 Jasmine Way CITY-ST-ZIP Palm Harbor FL 34685	<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	
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: _____			Date: 1-6-04 Daytime Phone #: 202-9814		