

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90020 037 \*\*\*150.00

66402743



MOORE CR2E034 (11/03)

**DOCUMENT # F03000001141**

1. Entity Name

REALTY NETWORK USA, INC.



Principal Place of Business

124 EAST LOCKWOOD  
ST LOUIS MO 63119

Mailing Address

124 EAST LOCKWOOD  
ST LOUIS MO 63119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

43-1590559

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	MCLAIN, BRIAN A	
STREET ADDRESS	124 EAST LOCKWOOD	
CITY-ST-ZIP	ST LOUIS MO 36119	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIZZO, VINCE	
STREET ADDRESS	260 WATERSIDE	
CITY-ST-ZIP	WILDWOOD MO 63040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANKE, JOSEPH P	
STREET ADDRESS	24 SOUTH MAPLE	
CITY-ST-ZIP	WEBSTER GROVES MO 63119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

*Joseph P Franke*

Joseph P FRANKE

Date

2/20/04

Daytime Phone #

314 961 3400