2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jere E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 09, 2004 8:00 am Secretary of State DOCUMENT # F95000006002 02-09-2004 90041 029 ***150.00 REALMARK HOLDINGS CORP. Mailing Address Principal Place of Business P.O. BOX 421669 5570 GLENRIDGE DR. ATLANTA GA 30342 ATLANTA GA 30342 3. Mailing Address 2. Principal Place of Business P.O.Box 75 13 BAOFORD Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 58-1913629 Not Applicable aueHeville 30214 Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE **EVP** Delete **ΣΙΠ Ε** NAME SPELIOS, SUSAN NAME STREET ADDRESS 55 RAILROAD AVE STREET ADDRESS GREENWICH CT 06830 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE WILKINS, JERE E NAME NAME STREET ADDRESS STREET ADDRESS 5570 GLENRIDGE DR. CITY-ST-ZIP ATLANTA GA 30342 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME MARGIOTTA, JEAN STREET ADDRESS STREET ADDRESS 55 RAILROAD AVE CITY-ST-ZIP CITY-ST-7IE GREENWICH CT 06830 ☐ Addition Change DC ☐ Delete TITLE TITLE PHELPS, SANFORD N NAME 55 RAILROAD AVE. STREET ADDRESS STREET ADDRESS GREENWICH CT 06830 CITY-ST-ZIP CITY-ST-7IP VPF ☐ Change ☐ Addition ☐ Delete TITLE TITLE POMEROY, AMY NAME NAME 2801 WATERFRONT STREET ADDRESS STREET ADDRESS EAST HAVEN CT 06512 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED