


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90390 018 ***150.00

DOCUMENT # F99000001880 1. Entity Name SEVERN REALTY CORPORATION					
Principal Place of Business % SNOW MOUNTAIN INC. 350 FIFTH AVENUE, SUITE 3304 NEW YORK, NY 10118			Mailing Address % SNOW MOUNTAIN INC. 350 FIFTH AVENUE, SUITE 3304 NEW YORK, NY 10118		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 13-2867558	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGITSEAS, MARYELA <input type="checkbox"/> Delete C/O SEVERN REALTY, 350 5TH AVE, STE 3304 NEW YORK, NY 10118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAMOURKAS, MARINELA 17 PHEASANT LANE GREENWICH CT 06830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete SAMOURKAS, THEODORE C 350 FIFTH AVENUE, SUITE 3304 NEW YORK, NY 10118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAMOURKAS, THEODORE C 17 PHEASANT LANE GREENWICH CT 06830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SAMOURKAS, MARGARET T 350 FIFTH AVENUE, SUITE 3304 NEW YORK, NY 10118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAMOURKAS, MARGARET T 17 PHEASANT LANE GREENWICH CT 06830	
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>M. Samourkas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/13/03</u> Daytime Phone #: <u>203-863-9863</u>		

17 PHEASANT LANE
GREENWICH CT 06830

