

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90001 001 ***150.00

DOCUMENT # F99000002461					
1. Entity Name REALTY INVESTMENT CORP.					
Principal Place of Business 447 3RD AVE NO SUITE 409 SAINT PETERSBURG, FL 33701			Mailing Address 447 3RD AVE NO SUITE 409 SAINT PETERSBURG, FL 33701		
2. Principal Place of Business <i>2026 5th Ave No.</i>		3. Mailing Address <i>211 North Sixth St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>St. Petersburg, FL</i>		City & State <i>Stroudsburg, PA</i>		4. FEI Number 22-2782174	
Zip <i>33713</i>		Country <i>PN</i>		Applied For Not Applicable	
Zip <i>33713</i>		Country <i>PN</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONALEZ, ROBERT 2575 67TH AVE. SOUTH SAINT PETERSBURG, FL 33712		7. Name and Address of New Registered Agent Name <i>Robert J. Arsenault</i> Street Address (P.O. Box Number is Not Acceptable) <i>2837 1st Street No</i> City <i>St. Petersburg</i> FL Zip Code <i>33704</i>			
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 <i>Robert J. Arsenault</i> <i>R. Arsenault</i> 9/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV GONALEZ, ROBERT 2575 67TH AVE SOUTH SAINT PETERSBURG, FL 33712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Change <input type="checkbox"/> Addition <i>211 North Sixth St.</i> <i>Stroudsburg, PA 18360</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONALEZ, DOROTHY 2575 67TH AVE SOUTH SAINT PETERSBURG, FL 33712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Change <input checked="" type="checkbox"/> Addition <i>211 North Sixth St.</i> <i>Stroudsburg, PA 18360</i>	
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: <i>Dorothy Gonzalez</i> <i>Dorothy Gonzalez</i>			Date <i>9/5/04</i> Daytime Phone # <i>570-424-0556</i>		

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