## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 20, 2004 8:00 am Secretary of State **DOCUMENT # G30405** 1. Entity Name 08-20-2004 90002 050 \*\*\*150.00 FENTON REALTY, INC. Principal Place of Business Mailing Address 4700 MANATÉE AVE. W. 4700 MANATEE AVE. W. CCOPODEA BRADENTON FL 34209: **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 59-2271673 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEANNE R FENTON Street Address (P.O. Box Number is Not Acceptable) 4700 MANATEE AVE. WEST **BRADENTON FL 34209** Zip Code FL entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 🗄 am familiar with, and accept 8. The above and the obligations of registered agent. 195 - 1953 Significally ped or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE ☐ Delete TITLE ☐ Change Addition FENTON, JEANNE R NAME NAME STREET ADDRESS 428 46TH ST. NW STREET ADDRESS CITY-ST-ZIP BRADENTÖN, FL 00000 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change FENTON, JEANNE R NAME NAME STREET ADDRESS 428 46TH ST. NW STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 00000 CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE

FILED