


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-19-2004 90279 026 \*\*\*150.00

<b>DOCUMENT # G55522</b> 1. Entity Name CAROL LEWIS REALTY, INC.	
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Principal Place of Business P.O. BOX 3836 VERO BEACH, FL 32964-3836	Mailing Address P.O. BOX 3836 VERO BEACH, FL 32964-3836
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94054525



**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2324593	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BUFFUM, CAROL LEWIS 1965 ANGLERS COVE VERO BEACH, FL 32963
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BUFFUM, CAROL LEWIS 1965 ANGLERS COVE VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, FREDERICK J 1965 ANGLERS COVE VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS-WOOD, BETSY 4105 HADDON DR GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lewis, David V. 1964 Fifth St. SE, Vero Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Carol Lewis Buffum Date: 4/13/04 Daytime Phone #: 772-231 0343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR