


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90070 025 ***158.75

DOCUMENT # G64859	
1. Entity Name MEARS REALTY AND INVESTMENTS, INC.	

Principal Place of Business 10130 NORTHLAKE BLVD STE 214 UNIT 167 WEST PALM BEACH, FL 33412 US	Mailing Address 10130 NORTHLAKE BLVD STE 214 UNIT 167 WEST PALM BEACH, FL 33412 US
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24051743



2. Principal Place of Business 1948 NW 54th Ave	3. Mailing Address P.O. Box 93 4069
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03052004 Chg-P CR2E034 (10/03)

City & State MARGATE FL	City & State MARGATE FL 33093
Zip 33063	Zip 33093
Country USA	Country USA

4. FEI Number 59-2346872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEARS, PHYLLIS 10130 NORTHLAKE BLVD STE 214 UNIT 167 WEST PALM BEACH, FL 33412	
6604 NW 70 AVE TAMARAC, FL 33321	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MEARS, PHYLLIS S 10130 NORTHLAKE BLVD STE 214 WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MEARS, Phyllis S. 6604 NW 70 AVE TAMARAC FL 33321 <input checked="" 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
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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: Phyllis S. Mears Date: 4-19-04 Daytime Phone #: 954 718-3661