

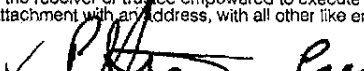


FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # G89269				Mar 16, 2005 08:00	
1. Entity Name STROM & STROM, INC., REALTOR				Secretary of State	
Principal Place of Business 5111 OCEAN BLVD H SARASOTA, FL 34242		Mailing Address 5111 OCEAN BLVD H SARASOTA, FL 34242			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-2398432	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STROM, PAUL J. 5111 OCEAN BLVD SARASOTA, FL 34242				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PD NAME STROM, PAUL J. STREET ADDRESS 5438 SHADOWLAWN DR CITY-ST-ZIP SARASOTA, FL 34238			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD NAME STROM, SANDRA S. STREET ADDRESS 5438 SHADOWLAWN DR CITY-ST-ZIP SARASOTA, FL 34238			0000000264813 03/16/05-80031-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/10/05 941.549.3045					