


*** 2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # H80318 1. Entity Name RALPH ROBERTS REALTY, INC.	
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Principal Place of Business % DAVID A. DUNKIN, P.A. 170 WEST DEARBORN ST. ENGLEWOOD, FL 34223	Mailing Address % DAVID A. DUNKIN, P.A. 170 WEST DEARBORN ST. ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2620755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNKIN, DAVID A., P.A.
170 WEST DEARBORN STREET
ENGLEWOOD, FL 34223**

**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 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	U000000076072 03/04/04-80011-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOWLER, GEORGE H 161 COCOANUT AVE ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, RALPH B 3993 S ACCESS RD UNIT A ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, RALPH 3993 S. ACCESS RD. - UNIT A ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POER, JOHN B. 1738 SHADOW CREST RD BIRMINGHAM, AL
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: *George H Fowler* **3-2-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #