

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H88192

FILED
Jan 28, 2004
Secretary of State

Entity Name: ASSOCIATED REALTY SERVICES, INC.

Current Principal Place of Business:

135 W. FIFTH AVENUE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1198
MOUNT DORA, FL 327561198

New Mailing Address:

FEI Number: 59-2613675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWALB, KATHRYN J
135 W. FIFTH AVENUE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

SCHWALB, KATHRYN J
407 SASSAFRAS LANE
MOUNT DORA, FL 32757 US

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.

SIGNATURE:

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHWALB, KATHRYN J
Address: 135 W. FIFTH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: DST () Delete
Name: SCHWALB, M. DAVID
Address: 23327 E. HIGHWAY 44
City-St-Zip: EUSTIS, FL 32736

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHWALB, KATHRYN J
Address: 407 SASSAFRAS LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: DT (X) Change () Addition
Name: SCHWALB, M. DAVID
Address: 407 SASSAFRAS LANE
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Change (X) Addition
Name: SKEES, ANTHONY J
Address: 800 SUNSET DRIVE
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN J. SCHWALB

DP

01/28/2004

Electronic Signature of Signing Officer or Director

Date