

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # H98097

1. Entity Name
**FLORIDA REALTY & RECONSTRUCTION,
INCORPORATED**



Principal Place of Business
**P O BOX 561121
ROCKLEDGE, FL 32956-1121 US**

Mailing Address
**P O BOX 561121
ROCKLEDGE, FL 32956-1121 US**

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2637459** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRESNICK, DAVID M.
96 WILLARD ST STE 302
COCOA, FL 32922**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------|
| TITLE | PST |
| NAME | PRESNICK, DAVID M. |
| STREET ADDRESS | 96 WILLARD ST #302 |
| CITY - ST - ZIP | COCOA, FL |
| TITLE | D |
| NAME | PRESNICK, DAVID M |
| STREET ADDRESS | 96 WILLARD ST #302 |
| CITY - ST - ZIP | COCOA, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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**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 118.07(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:

David M Presnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04

Date

3216391320
Daytime Phone #