
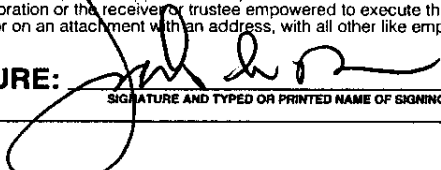


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90011 044 \*\*\*150.00

<b>DOCUMENT # J41227</b> 1. Entity Name <b>T.J. REALTY, INC.</b>					
Principal Place of Business <b>873 SE 47TH ST CAPE CORAL, FL 33904</b>			Mailing Address <b>873 SE 47TH ST CAPE CORAL, FL 33904</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1402 SE 43rd Terr.</b> Suite, Apt. #, etc.			
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>59-2744438</b>	
Zip <b>33904</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REYNOLDS, THOMAS L. 922 S.E. 14TH AVE CAPE CORAL, FL</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <b>JOSEPH M. DILL - SEC/TREASURE</b> <span style="float: right;"><b>March 1, 1904</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>REYNOLDS, THOMAS L. 2630 1ST ST MATLACHA, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>DILL, JOSEPH M. 1402 S.E. 43RD TERR CAPE CORAL, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>				
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: 			<b>3/01/04 (239) 542-5295</b> <small>Date Daytime Phone #</small>		