## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75663

FILED Mar 02, 2004 Secretary of State

Entity Name: LOBLOLLY REALTY COMPANY					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HILL TERR. UND, FL 3345	5			
Current Mailing Address:			New Mailing Address:		
	HILL TERR. UND, FL 3345	5			
FEI Number	: 59-2837176	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SULLIVAN, JOHN W. 7407 S.E. HILL TERR. HOBE SOUND, FL 33455			SULLIVAN, JOHN W. 851 SE MONTEREY C STUART, FL 34996	851 SE MONTEREY COMMONS BLVD.	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				03/02/2004	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () SULLIVAN, JOH 7211 SE GOLF HOBE SOUND,	HOUSE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVS () SULLIVAN, SUS 7211 SE GOLF HOBE SOUND,	HOUSE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () WESTGATE, SI 6309 WINDING JUPITER, FL 3	LAKE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DT ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN W. SULLIVAN Ρ 03/02/2004

FOWLER, WILLIAM C

STUART, FL 34996

851 SE MONTEREY COMMONS BLVD

Name:

Address:

City-St-Zip: