## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # J89492** INTERNATIONAL MARINA REALTY, INC. Principal Place of Business Mailing Address 2130 S TROPICAL TRAIL 2130 S TROPICAL TRAIL MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 HS No Chg-P CR2E034 (10/03) 04062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOOLBERT, JAMES DO NOT WRITE 2130 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 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. Senature, wheat or crinical name of recistored about and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000108105 OFFICERS AND DIRECTORS 10. HILE WOOLBERT, JAMES MAME STREET ADDRESS 2130 S TROPICAL TRAIL CITY-ST-ZIP MERRITT ISLAND, FL 32952 ۷P TITLE WOOLBERT, BERNICE E. MAME. STREET ADDRESS 2130 S TROPICAL TRAIL CITY-ST-ZP MERRITT ISLAND, FL 32952 TITLE NAME STREET ADDRESS DO NOT WRITE DITY-ST-7/P IN THIS SPACE HHE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 officur 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 addition, with all other like empowered.

SIGNATURE:

City-ST-ZIP

SIGNING OFFICER OR DIRECTOR

6 April 2004 321-452-1698