

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90263 036 \*\*\*158.75

**24058665**



MOORE CR2E034 (11/03)

<b>DOCUMENT # K45879</b> 1. Entity Name <b>NATIONAL REALTY LIABILITY ALLIANCE, INC.</b>					
Principal Place of Business <b>7250 BENEVA RD SARASOTA FL 34238</b>			Mailing Address <b>7250 BENEVA RD SARASOTA FL 34238</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0082905</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>ABBOTT, HENRY J JR 7250 BENEVA RD SARASOTA FL 34238</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="float: right; border: 1px solid black; padding: 2px;">             FL Zip Code           </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;"><small>DATE</small></div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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 <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DP <b>WILDE, GREGORY L 26600 TELEGRAPH RD. SOUTHFIELD MI 48034</b> <input type="checkbox"/> Delete	TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D <b>CUBBIN, ROBERT S. 26600 TELEGRAPH RD SOUTHFIELD MI 48034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DVP <b>ALLEN, KENN R 26600 TELEGRAPH RD. SOUTHFIELD MI 48034</b> <input type="checkbox"/> Delete	TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	AVPAS <b>YOUNG, DOUGLAS 26600 TELEGRAPH RD SOUTHFIELD MI 48034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	T <b>SPAUN, KAREN M 26600 TELEGRAPH RD. SOUTHFIELD MI 48034</b> <input type="checkbox"/> Delete	TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	AVPAS <b>O'SHEA, MICHAEL E 26600 TELEGRAPH RD SOUTHFIELD MI 48034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	SVP <b>ABBOTT, HENRY J 7250 BENEVA RD SARASOTA FL 34238</b> <input type="checkbox"/> Delete	TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<div style="border: 1px solid black; height: 40px;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	SVPS <b>COSTELLO, MICHEAL 26600 TELEGRAPH RD. SOUTHFIELD MI 48034</b> <input type="checkbox"/> Delete	TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	SVPGCS <b>COSTELLO, MICHAEL G</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VP <b>DUCO, JOSEPHINE D 2660 TELEGRAPH RD SOUTHFIELD FL 48034</b> <input type="checkbox"/> Delete	TITLE <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	AVPAT <b>DUCO, JOSEPHINE D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		

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 an other as empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HENRY J. ABBOTT, JR.**

**4/20/04**

**(941) 924-4444**

Date

Daytime Phone #