

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

<b>DOCUMENT # K49306</b>		
1. Entity Name <b>EVERYTHING UNDER THE SUN REALTY INC.</b>		

Principal Place of Business <b>5704 MARINA DR HOLMES BEACH FL 34217</b>		Mailing Address <b>5704 MARINA DR HOLMES BEACH FL 34217 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

**FILED  
Jan 29, 2004 08:00 AM  
Secretary of State**



MOORE CR2E034 (11/03)

4. FEI Number <b>59-2918131</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent  <b>HESLOP, NICOLE ANN 314 61 ST HOLMES BCH FL 34217</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HESLOP, NICOLE ANN 314 61ST BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>U000000020798 01/29/04-80082-022 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Nauby 941-78-4444*  
Date \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_