


**2004. FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K69345
1. Entity Name
REALEX PROPERTIES, INC.



Principal Place of Business Mailing Address
1134 W. GRANADA BLVD. 1134 W. GRANADA BLVD.
ORMOND BEACH, FL 32174 US ORMOND BEACH FL, 32174 US

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2935063 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIKES, JOSEPH F.
3 STAGDEN LOOK
ORMOND BEACH, FL 32174

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SPIKES, RITA P.
STREET ADDRESS	3 STAGDEN LOOK
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	P
NAME	AMON, FELIX
STREET ADDRESS	211 E INTL SPEEDWAY BLVD # 213
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	T
NAME	AMON, URSULA
STREET ADDRESS	211 INTL SPEEDWAY BLVD # 213
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80035-008 150.00

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IN THIS SPACE**

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: *Rita P. Spikes* **1/15/04 386 673-7001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #