2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K99277

1. Entity Name
RESORT REALTY OF ST. GEORGE ISLAND, INC.

Principal Place of Business	Mailing Address
123 GULF BEACH DR W ST GEORGE ISLAND, FL 32328 US	71 MARKET STREET APALACHICOLA, FL 32320 US

DO NOT WRITE IN THIS SPACE

01202004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2958974	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SPOHRER, HELEN T.
123 GULF BEACH DR W
ST. GEORGE ISLAND, FL 32328

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 _____

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

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

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	SPOHRER, HELEN T
STREET ADDRESS	123 GULF BEACH DR.
CITY-ST-ZIP	ST GEORGE ISLAND, FL

TITLE	PD
NAME	DRYE, ROSE
STREET ADDRESS	564 PINE AVE W
CITY-ST-ZIP	ST GEORGE ISLAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   4-7-04   8065325555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #