2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # L62299 1. Entity Name REAL RESOURCE GROUP, INC. Principal Place of Business Mailing Address C/O LOREN ROBBACH 2284 S. OCEANSHORE BLVD. FLAGLER BEACH FL 32136-4021 P.O. BOX 218 FLAGLER BEACH FL 32136-4021 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc..... Suite, Apt #, etc CR2E034 (11/03) City & State City & State __ 4. FEI Number Applied For 59-3156013 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KORBACH, L. LOREN 2284 S. OCEANSHORE BLVD. Street Address (P.O. Box Number is Not Acceptable) FLAGLER BEACH FL 32136 City Zip Code 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 life if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Delete TITLE ☐ Change Addition PARKER, LAMAR, JR. NAME NAME 2284 S. OCEANSHORE BLVD. STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change Addition NAME NAME U000000070349 STREET ADDRESS STREET ADDRESS 03/01/04-80038-025 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITEE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IP 12. I hereby certify that the information supplied with the 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.

FILED

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