

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77893

FILED
Apr 21, 2004
Secretary of State

Entity Name: MARKHAM WOODS REALTY, INC.

Current Principal Place of Business:

1766 ALAQUA DR
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 231
ATTN: JEFF WELLAND
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3014074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
255 SOUTH ORANGE AVE., STE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SEXTON, DAVID N
Address: 4001 TAMiami TRAIL N., STE 250
City-St-Zip: NAPLES, FL 341033555

Title: PD () Delete
Name: DE GROOTE, MICHAEL H JR
Address: 1111 INTERNATIONAL BLVD
City-St-Zip: BURLINGTON ONTARIO, CA L7L6W1

Title: DVS () Delete
Name: PEKARUK, JERRY
Address: 111 INTERNATIONAL BLVD.
City-St-Zip: BURLINGTON ONTARIO, CA L7-L61

Title: DV () Delete
Name: MARTYN, ROBERT W
Address: 11 VICTORIA STREET
City-St-Zip: HAMILTON HMEX BERMUDA,

Title: DV () Delete
Name: DEGROOTE, GARY W
Address: 1111 INTERNATIONAL BLVD
City-St-Zip: BURLINGTON ONTARIO, CA L7L6W1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY PEKARUK

DVS

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date