


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90086 011 \*\*\*150.00

<b>DOCUMENT # L92270</b> 1. Entity Name <b>B &amp; E REALTY, INC.</b>																																																																																																																													
Principal Place of Business <b>6360 PRESIDENTIAL 4B FT. MYERS FL 33919 US</b>			Mailing Address <b>1910 VIRGINIA AVE FORT MYERS FL 33901 US</b>																																																																																																																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>14150 HILTON HEAD DR</b>  Suite, Apt. #, etc.																																																																																																																											
City & State 		City & State <b>FT. MYERS, FL</b>		4. FEI Number <b>65-0209045</b>																																																																																																																									
Zip 		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent  <b>POTTS, BETTE K. 1910 VIRGINIA AVE FORT MYERS FL 33901</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14150 HILTON HEAD DRIVE</b> City <b>FT. MYERS</b> <b>FL</b> Zip Code <b>33919</b>																																																																																																																										
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 _____																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1910 VIRGINIA AVE B202</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">14150 HILTON HEAD DR.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FORT MYERS FL 33901</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FT MYERS, FL 33919</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">/</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CHAFFIN, EDWARD W</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">14150 HILTON HEAD DR</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1910 VIRGINIA AVE B202</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">FT MYERS, FL 33919</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FORT MYERS FL 33901</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	1910 VIRGINIA AVE B202		STREET ADDRESS	14150 HILTON HEAD DR.		CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	FT MYERS, FL 33919		TITLE	D	<input type="checkbox"/> Delete	TITLE	/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CHAFFIN, EDWARD W		NAME	14150 HILTON HEAD DR		STREET ADDRESS	1910 VIRGINIA AVE B202		STREET ADDRESS	FT MYERS, FL 33919		CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																										
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
STREET ADDRESS	1910 VIRGINIA AVE B202		STREET ADDRESS	14150 HILTON HEAD DR.																																																																																																																									
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	FT MYERS, FL 33919																																																																																																																									
TITLE	D	<input type="checkbox"/> Delete	TITLE	/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
NAME	CHAFFIN, EDWARD W		NAME	14150 HILTON HEAD DR																																																																																																																									
STREET ADDRESS	1910 VIRGINIA AVE B202		STREET ADDRESS	FT MYERS, FL 33919																																																																																																																									
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP																																																																																																																										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			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.																																																																																																																													
<b>SIGNATURE: <u>Bette K. Potts</u> BETTE K. POTTS 1/28/04 (239) 446-8921</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

24006940



MOORE CR2E034 (11/03)