2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 03, 2004 08:00 AN Secretary of State

DOCUMENT # M80746 1. Story Name REALTY SERVICES, INC. Proctor fittor of Subsystem IEDANS REHAN 3008 WUDER IN ORLANDO, FL 32804 US DO NOT WRITE IN THIS SPACE A FE Jumber 50-2589942 ST fixe Application 50-2589942 ST						7	итегиту (и этате
JEDOM BEHNN SROW HIDER IN ORLANDO, FL 32804 US DO NOT WRITE IN THIS SPACE 4. Fil. Number of Status Desired SATS Additions SERIN JEROME G SOB WILDER IN ORLANDO, FL 32804 DO NOT WRITE IN THIS SPACE 4. Fil. Number of Status Desired SATS Additions Feb Required S. Certificate of Status Desired SATS Additions Feb Required SOB WILDER IN ORLANDO, FL 32804 DO NOT WRITE IN THIS SPACE 8. The above named oring submits this statement for the purpose of charging its registered dayer, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. 9. The above named oring submits this statement for the purpose of charging its registered dayer, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. 9. Excisen Campaign Financing Trust Fund Controllusion Added to Fees 10. OFFICENS AND DIRECTORS 10. OFFICENS AND DIRECTORS 10. OFFICENS AND DIRECTORS 10. STATE AND STATE AN	1. Entity Nam						or our y	
DO NOT WRITE IN THIS SPACE A FEI Number 59-285942 No Chip P CR26034 (19/03)	JEROME BEH 3608 WILDE	INN R.LN	IEROME BEHNN 3608 WILDER LN	······································				
BEHN, JEROME G 3608 WILDER LN ORLANDO, FL 32804 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. SIGNATURE Synatra, books or prinds are of registered agent are site is a sophistic. NOTE flughan or Agent spratue recibed when averaging in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. In a transport agent ag		and a sugar state of the sugar s		CE	04262004 4. FEi Numbi 59-288	No Chg-P er 9942	CR2E034 (10/	Applied For Not Applicable Additional
SIGNATURE Signature Signa	3608 WILE	ROME G DER LN	gistered Agent					
### After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	the obligat	ions of registered agent.				th, in the State of Flo	_	vith, and accept
TWLE MAME STREET ADDRESS CITY -ST - 2P TITLE MAME TITLE MAME TITLE MAME TITLE	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIFLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PD BEHN, JEROME G 3608 WILDER LN	ncorona .			NOT W	/RITE	150.00
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower.	s filing does not qualify for the exe e and accurate and that my signa ared to execute this report as requ	emption stated in S sture shall have the ired by Chapter 6(Section 119.07(3) Section 119.07(3) e same legal effec 07, Florida Statute	i), Florida Statutes, cit as if made under as and that my name	I further certify that to oath; that I am an of e appears in Block	he information ficer or director 10 or Block 11 if