


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90078 018 ***150.00

DOCUMENT # M96181 1. Entity Name REAL ESTATE OPTIONS, INC.			
Principal Place of Business 1012 PONTERIN PENSACOLA BEACH, FL 32561 US		Mailing Address P.O. BOX 580 GULF BREEZE, FL 32561 US	
2. Principal Place of Business 7910 Thomley Trail Suite, Apt. #, etc.		3. Mailing Address 7910 Thomley Trail Suite, Apt. #, etc.	
City & State Pensacola FL Zip 32526 Country		City & State Pensacola FL Zip 32526 Country	
4. FEI Number 59-2904017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRITZ, BLAINE 1012 PANFERIO PENSACOLA BEACH, FL 32561		7. Name and Address of New Registered Agent Name Blaine Fritz Street Address (P.O. Box Number is Not Acceptable) 7910 Thomley Trail City Pensacola FL Zip Code 32526	
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 <u><i>Blaine Fritz</i></u> DATE <u>1/13/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PSTD	<input type="checkbox"/> Delete	
NAME	FRITZ, BLAINE		
STREET ADDRESS	1012 PANFERIO		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	FRITZ, FRANKLYN		
STREET ADDRESS	7910 THOMLAY TRAIL		
CITY-ST-ZIP	PENSACOLA, FL 32526		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Fritz, Blaine		
STREET ADDRESS	7910 Thomley Trail		
CITY-ST-ZIP	Pensacola, FL 32526		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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.			
SIGNATURE: <u><i>Blaine Fritz</i></u> <u><i>Blaine Fritz</i></u> <u>1/13/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			