
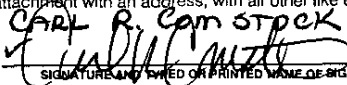


FILED  
Jan 12, 2004 8:00 am  
Secretary of State

01-12-2004 90014 015 \*\*\*158.75

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

44001236

<b>DOCUMENT # P00000027315</b>			
1. Entity Name <b>CARL R. COMSTOCK REALTY, INC.</b>			
Principal Place of Business <b>988 WOODCOCK ROAD 198 ORLANDO, FL 32803</b>		Mailing Address <b>988 WOODCOCK ROAD 198 ORLANDO, FL 32803</b>	
2. Principal Place of Business <b>3165 MCCRORY PLACE</b>		3. Mailing Address <b>3165 MCCRORY PLACE</b>	
Suite, Apt. #, etc. <b>182</b>		Suite, Apt. #, etc. <b>182</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32803</b>		Country <b>ORANGE</b>	
4. FEI Number <b>59-3638526</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>MCLEOD, RAYMOND A 48 E MAIN ST APOPKA, FL 32703</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. COMSTOCK, CARL R 988 WOODCOCK ROAD, #198 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. COMSTOCK, CARL R 3165 MCCRORY PLACE, STR 182 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>CARL R. COMSTOCK</b> 		President <b>1-10-04 407 897-3553</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	