2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2004 08:00 AM Secretary of State

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DOCUMENT # P000000\$5908					2	ecretary of Stat
1. Entity Nan						
OWALLE	EY REAL ESTATE, INC.					
				}		
Principal Plac	ce of Business	Mailing Address				
645 MAYPO	RT ROAD	645 MAYPORT ROAD				
ONE	EACH EL DODON COT	ONE				
ATLANTIC D	EACH, FL 32233	_ ATLANTIC BEACH, FL 32233				
j	O NOT WOITE	INI THIS ODA	^ _	03052004	No Chg-P	CR2E034 (10/03)
<u>L</u>	OO NOT WRITE	IN THIS SPA	UE	4. FEI Number 59-3647		Applied For
						Not Applicable \$8.75 Additional
				5. Certificate of	f Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent				ew control of the con
O'MALLEY, JOHN J			(211.7)			
645 MAYPORT ROAD, SUITE ONE ATLANTIC BEACH, FL 32233					NOT W	KIIE
				IN T	HIS SP	ACE
			-	*** *		
		4				. • <u> </u>
The above the obline	anamed entity submits this statement for the titions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or both	, in the State of Flo	rida. I am familiar with, and accept
in a annige	son of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registere	d Agent signature required	when reinstating)	*	DATE
		***		~		ngay-ri . wa
F1L After M	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 		.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	1			
TITLE	PD		1	Ada a		
NAME	O'MALLEY, JOHN J	_		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP	645 MAYPORT ROAD, SUITE ONE ATLANTIC BEACH, FL 32233	<u></u>		FEBRUARY NO. 1	- มีตัดติด	10 78845
TITLE	ATDANTIC BEACH, PE 32233		. - · - · · · ·		03/08/04	-80042-009 150.00
NAME						
STREET ADDRESS	1			1.09/2		प्रकार का का अपने क्षा अपने क् स्थान
CITY-ST-ZIP			!			. ,
TITLE			*		AL SERVICE	MANAGER AND THE PRINTING
NAME STREET ADDRESS						
CITY-ST-ZIP				DO I	NOT W	RITE
TITLE		11. 11. 11. 11.	1	INI T	HIS SF	
NAME				1 V 11	1113 3	MUE
STREET ADDRESS	1		1			

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

904-241-3141

Daytime Phone #