
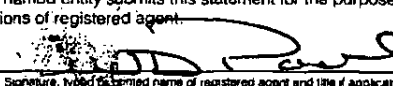
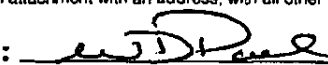


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91059 023 \*\*\*\*61.25  
06-21-2004 90004 016 \*\*\*\*88.75

|   |   |                                 |   |   |   |
|---|---|---------------------------------|---|---|---|
| <b>DOCUMENT # P00000048759</b>  |   |                                 |   |    |   |
| 1. Entity Name<br><b>WILLIAM D. PAUL REAL ESTATE SERVICES, INC.</b>   |   |                                 |   |   |   |
| Principal Place of Business<br><b>5260 42ND ST. SOUTH<br/>ST. PETERSBURG FL 33711</b>   |   |                                 | Mailing Address<br><b>5260 42ND ST. SOUTH<br/>ST. PETERSBURG FL 33711</b> |   |   |
| 2. Principal Place of Business<br><b>801 49th ST N</b>  |   |                                 | 3. Mailing Address<br><b>801 49th ST N</b>                                |   |   |
| Suite, Apt. #, etc. #<br><b>ST</b>  |   |                                 | Suite, Apt. #, etc.<br><b>ST</b>  |   |   |
| City & State<br><b>ST PETERSBURG FL</b>   |   |                                 | City & State<br><b>ST PETERSBURG FL</b>                                   |   |   |
| Zip<br><b>33711</b>   |   | Country                         |   | Zip<br><b>33711</b>   |   |
| Country   |   | Country                         |   | 4. FEI Number<br><b>59-3652596</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><b>PAUL, WILLIAM D<br/>5260 42ND ST. SOUTH<br/>ST. PETERSBURG FL 33711</b>   |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name <b>Paul William D</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>801 49th ST. NORTH</b><br><b>ST</b><br>City <b>ST PETERSBURG FL</b> Zip Code <b>33710</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: <br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |                                 |   | DATE: <b>4/30/04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004, Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |   | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>PAUL, WILLIAM D<br>5260 42ND ST. SOUTH<br>ST. PETERSBURG FL 33711 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>Paul, William D<br>801 49th ST N<br>ST PETERSBURG, FL 33710 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |                                 |   | Date: <b>4/30/04</b> 727 322 5336<br><small>Daytime Phone #</small>   |   |