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Apr 20, 2004 8:00 am
Secretary of State
04-09-2004 90024 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000082369

1. Entity Name
REALTY SHOPS.COM, INC.

66413440

Principal Place of Business
~~509 TURNBERRY LANE~~
ST AUGUSTINE, FL ~~32080~~ 32086
101 BILBAO DRIVE, ST. AUG

Mailing Address
~~509 TURNBERRY LANE~~
ST AUGUSTINE, FL ~~32080~~

03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3757030
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAURENCE, ROBERT J.
509 TURNBERRY LANE
ST AUGUSTINE, FL 32080

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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 _____ _____ 4-11-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAURENCE, ROBERT J
STREET ADDRESS	~~509 TURNBERRY LANE~~ 101 BILBAO DRIVE
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	DV
NAME	LAURENCE, ROSLYN
STREET ADDRESS	~~509 TURNBERRY LN~~
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	NEW ADDRESS
CITY-ST-ZIP	
TITLE	
NAME	R. Laurence
STREET ADDRESS	101 Bilbao Drive
CITY-ST-ZIP	St Augustine, Florida 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-11-04 (904) 826-0096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #