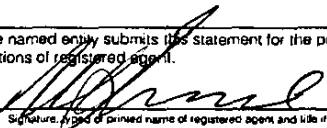
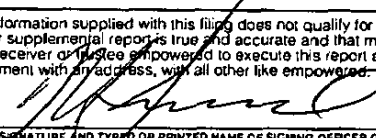


FILED
Apr 20, 2004 8:00 am
Secretary of State

04-09-2004 90024 012 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000082369		
1. Entity Name REALTY SHOPS.COM, INC.		
Principal Place of Business 509 TURNBERRY LANE ST AUGUSTINE, FL 32080		Mailing Address 509 TURNBERRY LANE ST AUGUSTINE, FL 32080
101 BILBAO DRIVE, ST. AUG		
DO NOT WRITE IN THIS SPACE		
03242004 No Chg-P CR2E034 (10/03)		66413440
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		
DO NOT WRITE IN THIS SPACE		
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  4-17-04 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 NAME STREET ADDRESS CITY - ST - ZIP	P LAURENCE, ROBERT J 509 TURNBERRY LANE ST AUGUSTINE, FL 32080 101 BILBAO DRIVE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAURENCE, ROSLYN 509 TURNBERRY LANE SAINT AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NEW ADDRESS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	R. Laurence 101 Bilbao Drive St. Augustine, Florida 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: 		4-17-04 (904) 826-0090 Date Daytime Phone