## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000097983

1. Entity Name
GAZDIK REALTY SERVICES, INC.



Apr 30,

Principal Place of Business

153 SHELBY'S COVE CT PONTE VEDRA BEACH, FL 32082 Mailing Address

153 SHELBY'S COVE CT PONTE VEDRA BEACH, FL 32082



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 54-1590411

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MAKRANCZY, ATTILA 153 SHELBY'S COVE CT PONTE VEDRA BEACH, FL 32082

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered   |   |   |               | required when reinstating)     | OA*E                                     |
| FIL<br>After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00                   | 9. Election Campaign Finan<br>Trust Fund Contribution | cing          | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC  | CTORS   |               |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  | D<br>MAKRANCZY, ATTILA<br>153 SHELBY'S COVE CT<br>PONTE VEDRA BEACH, FL 32082 |   |               |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST-ZIP  |   |   |               |                                | იყიიაი149729<br>იყიი/ი4−80[03−014 150.00 |
| TITLE NAME STREET AUDRESS CITY - ST - ZIP   |   |   |               | DO                             | NOT WRITE                                |
| TITLE NAME STREET ADDRESS CITY: S1-ZIP  |   |   |               | IN .                           | THIS SPACE                               |
| TIILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | !             |                                | į  |
| 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 of 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIBECTOR