2004 FOR PROFIT CORPORATION

FILED May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000115335 1. Entity Name LORD REALTY & INVESTMENTS, INC. Principal Place of Business Mailing Address 5475 NW 75TH AVE 5475 NW 75TH AVE OCALA, FL 34482 OCALA, FL 34482 No Chg-P CR2E034 (10/03) 04272004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3698517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORD, GREGORY DO NOT WRITE 5475 NW 75TH AVE OCALA, FL 34482 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 Agent signature required when reinstating) DATE U00000152863 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/04/04-80103-010 150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LORD, GREGORY STREET ADDRESS 5475 NW 75TH AVE CITY-ST-7IP OCALA, FL 34482 TITLE LORD, CARLA L NAME 5475 NW 75TH AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR