2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000006972 1. Entity Name						May 27, 2004 08:00 AM Secretary of State	
REALTY RESOURCE GROUP, INC.						secretary or state	
Principal Plac	e of Busines	s	Mailing Address				
8820 NORTH PENSACOL			8820 NORTH PALAFO PENSACOLA FL 32534	X 4			
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt #, etc			MOORE CR2E034 (11/03)	
City & State			City & State			4. FEI Number 59-3694002 Applied Fo Not Applie	
Zip		Country	Zip Gour			5. Certificate of Status Desired	
	6. Name	and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent	
HELMS, DANNY D							
882	0 N. PAL	ATOX HWY AFL 32534		Street Address		P.O. Box Number is Not Acceptable)	
				-	City	FL Zip Code	
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be							
		o Florida Department				Trust Fund Contribution. Added to Fees	i
10.		OFFICERS AN	ID DIRECTORS	DIRECTORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	DPST Delete					☐ Change ☐ Add	lition
STREET ADDRESS 8820 N. PALAFOX HWY				NAME STREET A	DORESS	U00000161591	
CITY-ST-ZIP PENSACOLA FL 32534				CITY-ST-ZIP		05/27/04-80002-002 150.00	
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CITY - ST-ZIP				CITY-ST-		•	
सार		- !	☐ Defete	TITLE		☐ Change ☐ Ada	lition
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NAME STREET ADDRESS				NAME	00000		
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TITLE		1,000,00	☐ Delete	THE		☐ Change ☐ Ado	litian
NAME			· -	NAME			
STREET ADDRESS CITY-ST-ZIP				STREET A City-St-			
	ertify that th	e information supplied w	rith this filing does not qualify for			ction 119.07(3)(i), Florida Statutes, I further certify that the information	
12. I hereby certify that the information supplied with this filling 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: 5/26/04							

FILED