


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 4

**DOCUMENT # P01000008929**

1. Entity Name  
**MR. SITES REALTY, INC.**



**FILED**  
**04 MAY 26 PM 4:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**8698 COMMERCE ST  
SUITE A  
CAPE CANAVERAL, FL 32920**

Mailing Address  
**170 FLAGLER LANE  
SUITE B  
COCOA BEACH, FL 32931**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03262003 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3707999**

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

6. Name and Address of Current Registered Agent  
**SCHULTZ, RICHARD T  
170 FLAGLER LANE  
SUITE B  
COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent  
Name  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reposting.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHULTZ, RICHARD T 170 FLAGLER LANE, SUITE B COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900037801049 06/09/04--01043--012 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **See Attach**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



## Division of Corporations

## Annual Report

Page 1

Document Number

P01000008929

Business Entity Name

MR. SITES REALTY, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

593707999

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

8698 COMMERCE ST

Suite, Apt. #, etc.

SUITE A

City, State

CAPE CANAVERAL

FL

Zip Code &amp; Country

32920

## Mailing Address

Address

170 FLAGLER LANE

Suite, Apt. #, etc.

SUITE B

City, State

COCOA BEACH

FL

Zip Code &amp; Country

32931

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SCHULTZ

RICHARD

T

-or- RA Business Name

Address

170 FLAGLER LANE

Suite, Apt. #, etc.

SUITE B

City, State

COCOA BEACH

FL

Zip Code &amp; Country

32931

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

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# Division of Corporations

## Annual Report

Page 2

Document Number  
**P01000008929**  
 Business Entity Name  
**MR. SITES REALTY, INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Officer/Director Name And Address

Title	<input type="text" value="P"/>			
Name (Last, First, Middle, Title)	<input type="text" value="SCHULTZ"/>	<input type="text" value="RICHARD"/>	<input type="text" value="T"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="170 FLAGLER LANE, SUITE B"/>			
City, State	<input type="text" value="COCOA BEACH"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text" value="32931"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		

Division of Corporations

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Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

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