

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90475 032 ***150.00

DOCUMENT # P01000026511	
1. Entity Name REAL ESTATE APPLICATIONS, INC.	
Principal Place of Business 101 N. RIVERSIDE DR., SUITE 114-E POMPAN0 BEACH, FL 33062	Mailing Address 101 N. RIVERSIDE DR., SUITE 114-E POMPAN0 BEACH, FL 33062



54053982



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1092564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
LEONE, JOSEPH 101 N. RIVERSIDE DR., SUITE 114-E POMPAN0 BEACH, FL 33062	

**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: _____ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONE, JOSEPH 101 N. RIVERSIDE DR., SUITE 114-E POMPAN0 BEACH, FL 33062
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IN THIS SPACE**

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: Joe Leone JOE LEONE 5/10/04 954-942-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #