


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000027267 1. Entity Name SPORTSMAN'S REALTY, INC.	
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Principal Place of Business 97 N. BAYSHORE DRIVE EASTPOINT, FL 32328	Mailing Address PO BOX #606 EASTPOINT, FL 32328
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3720090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MORGAN, ANNE
114 APALACHEE STREET
CARRABELLE, FL 32322

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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 _____
A signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering.) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALLEN, BOB 97 N. BAYSHORE DRIVE EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ALLEN, EDDA 97 N. BAYSHORE DRIVE EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARGEN, ANNE 114 APALACHEE ST CARRABELLE, FL 32822
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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08/02/04-800006-006 150.00

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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:  **7-1-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #