


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000030425 1. Entity Name THE REALDISPLAY CORPORATION	
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Principal Place of Business 12390 METRO PKWY SUITE 2 FORT MYERS, FL 33912	Mailing Address 12390 METRO PKWY SUITE 2 FORT MYERS, FL 33912
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1084271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITELAW, JENNIFER L 3838 TAMiami TRAIL NORTH STE. 310 NAPLES, FL 34103

**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 reappointing) _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**1600000107515
04/09/04-80018-008 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITELAW, PHILIP R 12390 METRO PKWY # FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 687, 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: **P. R. WHITELAW** *P. R. Whitelaw* **4/6/04 239 225 0550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #