

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90001 050 ***158.75

DOCUMENT # P01000057932

1. Entity Name
REALTY INVESTMENT ONE, INC.



Principal Place of Business
**447 3RD AVE. NO
SUITE 409
SAINT PETERSBURG, FL 33701**

Mailing Address
**447 3RD AVE. NO
SUITE 409
SAINT PETERSBURG, FL 33701**

03012014



2. Principal Place of Business
2024 5th Ave No.

3. Mailing Address
211 North Sixth St.

06112004 Chg-P CR2E034 (10/03)

City & State
St. Petersburg, FL
Zip
33713
Country
PN

City & State
Stroudsburg, PA
Zip
18360
Country
Monroe

4. FEI Number
59-3724812
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, ROBERT
2575 67TH AVE. SO.
SAINT PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent

Name
Robert J. Arsenault
Street Address (P.O. Box Number is Not Acceptable)
2837 1st Street No.
City
St. Petersburg FL Zip Code
33704

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 **Robert J. Arsenault**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

9/3/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GONZALEZ, ROBERT 2575 67TH AVE. SO SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GONZALEZ, DOROTHY 2575 67TH AVE. SO. SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIAPES, HARRY 1231 ABBOTT BLVD. FORT LEE, NJ 07024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 North Sixth St. Stroudsburg, PA 18360	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 North Sixth St. Stroudsburg, PA 18360	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **Dorothy Gonzalez**

[Signature]

9/5/04
Date
**570
424-
0556**
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #