## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Rebucca McRherson

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P01000088710** 1. Entity Name 04-26-2004 90461 049 \*\*\*150 00 THE REAL ESTATE CENTER OF LAKE COUNTY, INC. Principal Place of Business Mailing Address 201 FLORAL AVE 201 FLORAL AVE 14008252 EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business 3. Mailing Address 931 Edgewater Circle 831 Edgewater Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P CR2E034 (10/03) Applied For City & State Eustis City & State 4. FEI Number 59-3750261 Not Applicable Country USA Country \$8.75 Additional <sup>Zip</sup>.32724 32720 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rebecca Mc Pherson CRAMER, PHILLIS Street Address (P.O. Box Number is Not Acceptable) 201 FLORAL AVE EUSTIS, FL 32726 831 Edgewater Circle Zip Code 32726 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 Rorida. I am familiar with, and accept the obligations of registered acept. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Mc Pherson, Rebecca Strange TITLE **PVST** ☐ Delete TITLE NAME MCPHERSON, REBECCA NAME 831 Eagewater Circle STREET ADDRESS 201 FLORAL AVE STREET ADDRESS Eustis Fl 32726 CITY-ST-ZIP. **EUSTIS, FL 32726** CITY-ST-ZIP TITLE ☐ Delete TITE F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Celete Change ■ Addition THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

3/30/04

FILED