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

## **FILED** Aug 13, 2004 08:00 AM Secretary of State DOCUMENT # P01000092499 INDEPENDENT REALTY ASSOCIATES, INC. Principal Place of Business Mailing Address PO BOX 8464 PO BOX 8464 JUPITER, FL 33468 JUPITER, FL 33468 08102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1156904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent OBERACKER, GLEN T DO NOT WRITE PO BOX 8464 JUPITER, FL 33468 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 Fforda. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE PRES OBERACKER, GLEN T PRES NAME U00000178068 08/13/04-80003-008 150.00 STREET ADDRESS PO BOX 8464 CITY-ST-ZIP JUPITER, FL 33468 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TEST NAME STREET ADDRESS CTTY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP