

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90009 045 ***158.75

DOCUMENT # P01000098507	
1. Entity Name COSTA & ASSOCIATES REALTY, INC.	
Principal Place of Business 9 HARBOR CENTER DRIVE SUITE-15 PALM COAST, FL 32137	Mailing Address 9 HARBOR CENTER DRIVE SUITE-15 PALM COAST, FL 32137



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3749436	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

JOHN COSTA
9 HARBOR CENTER
Drive Suite 15
PALM COAST FL 32135

**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: JOHN COSTA (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE: 7/2/04

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	PSTD COSTA, JOHN 9 HARBOR CENTER DRIVE, SUITE 15 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTA, JOHN 9 HARBOR CENTER DRIVE, SUITE 15 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCALL, ANGELA 9 HARBOR CENTER DRIVE, SUITE 15 PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: JOHN COSTA 7/2/04 386-447-7562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #