

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000121238

1. Entity Name  
INTERACTIVE REALTY, INC.



Principal Place of Business

1404 HIGHLAND AVE  
MELBOURNE BEACH, FL 32951

Mailing Address

1404 HIGHLAND AVE  
MELBOURNE BEACH, FL 32951

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
01-0574934

Applied For

Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WALDRON, TOM D  
112 W NEW HAVEN AVE  
MELBOURNE, FL 32901

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**10. OFFICERS AND DIRECTORS**

TITLE	PVSD
NAME	MEEHAN, JEANETTE
STREET ADDRESS	1020 TERRY DR
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	SULLIVAN, ROBERT L
STREET ADDRESS	6225 CAPSTAN CT
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000044120  
02/11/04-80008-005 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JEANETTE MEEHAN* 2/5/04 321-751-1455