

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015069

1. Entity Name  
REAL - INS, INC.



Principal Place of Business

6525 4TH ST. N  
ST. PETERSBURG, FL 33702

Mailing Address

100 1ST AVE S  
STE 239  
SAINT PETERSBURG, FL 33701

54055856



06262004 No Chg-P CR2E034-(10/03)

**DO NOT WRITE IN THIS SPACE**

4. RETURN 04-3613816 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, CONSTANCE A  
100 1ST AVE S  
STE 239  
SAINT PETERSBURG, FL 33701

**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 of agent or person named as registered agent and State of registration

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME YOUNG, CONSTANCE A  
STREET ADDRESS 6525 4TH ST. N  
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE T  
NAME DAVIS, CHARLOTTE  
STREET ADDRESS P.O. BOX 5312  
CITY-ST-ZIP LAKELAND, FL 338075312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(b), 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

5/26/04 727528-2525  
Date Certificate Filing #