

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017397

Entity Name: DEE DEE REALTY CORP

FILED  
Sep 27, 2004  
Secretary of State

## Current Principal Place of Business:

15600 NE 6TH AVE APT 30 A  
MIAMI, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

15600 NE 6TH AVE APT 30 A  
MIAMI, FL 33162

## New Mailing Address:

FEI Number: 03-0399541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAPP, DENISE  
15600 NE 6TH AVE APT 30 A  
MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SAPP, DENISE  
Address: 15600 NE 6TH AVE APT 30 A  
City-St-Zip: MIAMI, FL 33162

Title: ST (X) Delete  
Name: KLAR, CHARLES  
Address: 1901 TARPON ROAD  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE SAPP

PRES

09/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date