
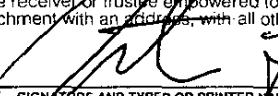


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90033 028 ***150.00

DOCUMENT # P02000018825 1. Entity Name LOCATION REALTY OF NW FLORIDA INC.			
Principal Place of Business 25 WEST CEDAR STREET SUITE 240 PENSACOLA FL 32501		Mailing Address 25 WEST CEDAR STREET SUITE 240 PENSACOLA FL 32501	
2. Principal Place of Business 3005 North 9th Ave. Suite, Apt. #, etc.		3. Mailing Address 3005 North 9th Ave. Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32503	Country Escambia	Zip 32503	Country Escambia
6. Name and Address of Current Registered Agent LERMAN, MARTIN I 25 WEST CEDAR STREET SUITE 240 PENSACOLA FL 32501		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME LERMAN, MARTIN I DR	<input type="checkbox"/> Delete	
STREET ADDRESS 25 WEST CEDAR STREET SUITE 240	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP PENSACOLA FL 32501	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V	NAME LERMAN, PAMELA G	<input type="checkbox"/> Delete	
STREET ADDRESS 4521 BOHEMIA DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP PENSACOLA FL 32504	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: X 		Martin I. Lerman X 4/12/04 (850) 432-8322	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

24043070



MOORE CR2E034 (11/03)

4. FEI Number **30-0069352** Applied For Not Applicable

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