


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000023234			
1. Entity Name THE REAL ESTATE PLACE OF ORLANDO, INC.			
Principal Place of Business 7670 BALMY CT ORLANDO, FL 32-8198		Mailing Address 7670 BALMY CT ORLANDO, FL 32-8198	
2. Principal Place of Business 1726 Westover Reserve Blvd.		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Windermere, FL		City & State	
Zip 34786		Country	
Country		Country	
4. FEI Number 32-005002		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEER-MICHAELS, APRIL B 2206 E. WASHINGTON ST ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name: April Brynn Munro Street Address (P.O. Box Number is Not Acceptable): 1726 Westover Reserve Blvd. City: Windermere FL Zip Code: 34786	
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: <u>April Brynn Munro</u> A. Brynn Munro - President (NOTE: Registered Agent signature required when reinstating) DATE: 7/8/04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEER-MICHAELS, APRIL B 2206 E. WASHINGTON ST ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President April Brynn Munro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1726 Westover Reserve Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLEMAN, JAMES R 1104 IMPERIAL DR OLNEY, IL 62450 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEER, RUTH A 1104 IMPERIAL DR OLNEY, IL 62450 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>April Brynn Munro</u>		7/8/04 407-895-0166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	