2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000037044

1. Entity Name

CALÚSA ISLAND REALTY, INC.

Principal Place of Business

5130 MAIN STREET

SUITE 6

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NEW PORT RICHEY, FL 34652

NAPLES LAWDOCK INC

NAPLES, FL 34103

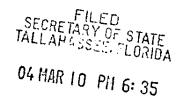
4501 TAMIAMI TRAIL NORTH SUITE 300

Mailing Address

5130 MAIN STREET

SUITE 6

NEW PORT RICHEY, FL 34652





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3658376

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

DO NOT WRITE
IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
SIGNATORIES	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		Election Campaign Financ Trust Fund Contribution,	sing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, ROBERT M 5130 MAIN STREET NEW PORT RICHEY, FL 34652		900020501200		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			900030501289 03/16/0401011003 **261.25		
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 compration or the receiver or trustee ampeared 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

34 10/84 (239) 213-1785