


FILED
Mar 05, 2004 8:00 am
Secretary of State

02-23-2004 90038 012 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000060772			
1. Entity Name REALITY ELECTRONICS INC.			
Principal Place of Business 8217 113TH ST SEMINOLE, FL 33772		Mailing Address 8217 113TH ST SEMINOLE, FL 33772	
2. Principal Place of Business 12597 Walsingham Rd. Suite, Apt. #, etc. Suite # 4 City & State Largo, FL Zip 33774		3. Mailing Address PO Box 4576 Suite, Apt. #, etc. City & State Seminole, FL Zip 33775	
Country USA		Country USA	
4. FEI Number 71-0888117		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent READ, SHERRY A 14408 MOORING DR SEMINOLE, FL 33776		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 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		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 NAME STREET ADDRESS CITY-ST-ZIP	President READ, SHERRY A 14408 MOORING DR SEMINOLE, FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Read, Michael G. 14408 mooring Dr Seminole, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Sherry A. Read		Date: 2/18/04 Daytime Phone #: (727) 594-1600	