

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90030 049 \*\*\*150.00

DOCUMENT # P02000066518

1. Entity Name

DELRAY BEACH REAL ESTATE, INC.



Principal Place of Business

Mailing Address

~~4005 S OCEAN BLVD~~ 3200 N. FEDERAL HWY  
~~HIGHLAND BCH, FL 33487~~ SUITE 228  
BOCA RATON, FL 33431



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

82-0560409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GERKEN, STEPHEN L  
~~4005 S OCEAN BLVD~~ 3200 N. FEDERAL HIGHWAY  
~~HIGHLAND BCH, FL 33487~~ SUITE 228  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST  
NAME GERKEN, STEPHEN L  
STREET ADDRESS 3200 N. FEDERAL HIGHWAY  
CITY-ST-ZIP ~~4005 S OCEAN BLVD~~  
SUITE 228  
~~HIGHLAND BCH, FL 33487~~ BOCA RATON, FL 33431

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 501  
330-9755