
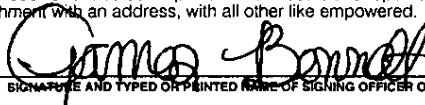


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000072528</b> 1. Entity Name <b>J.R. BENNETT &amp; ASSOCIATES REALTY, INC.</b>						<b>FILED</b> <b>04 MAR 15 PM 4:17</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>324 MINE RD</b> <b>MIDWAY, FL 32343</b>				Mailing Address <b>PO BOX 491</b> <b>MIDWAY, FL 32343</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>02-0626540</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BENNETT, JAMES</b> <b>324 MINE RD</b> <b>MIDWAY, FL 32343</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>200030933562</b> <b>03/23/04--01069--020 **150.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BENNETT, JAMES PO BOX 491 MIDWAY, FL 32343			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
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.							
<b>SIGNATURE:</b> 				<b>3/15/04</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			