


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000075294</b>		
1. Entity Name SELLSTATE ADVANTAGE REALTY NETWORK, INC.		
Principal Place of Business 615 CAPE CORAL PKWY SUITE #103 CAPE CORAL, FL 33914	Mailing Address 615 CAPE CORAL PKWY SUITE #103 CAPE CORAL, FL 33914	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KELLY, MICHAEL R 2546 S.W. 38TH TERRACE CAPE CORAL, FL 33914		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD KELLY, MICHAEL R 2546 S.W. 38TH TERRACE CAPE CORAL, FL 33914	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(f), 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>Michael R Kelly</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7-6-04</u> <u>239-549-9280</u> <small>Date Daytime Phone #</small>



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4501584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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07/12/04-B0025-003 150.00