


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90006 046 ***150.00

DOCUMENT # P02000076005	
1. Entity Name REALTY ESTATES, INC.	

Principal Place of Business 3085 MELALEURA DR WEST PALM BEACH, FL 33406	Mailing Address 3085 MELALEURA DR WEST PALM BEACH, FL 33406
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2. Principal Place of Business Suite, Apt. #, etc. 3085 Melaleuca Dr City & State West Palm Beach, FL Zip - 33416	3. Mailing Address Suite, Apt. #, etc. PO Box 16785 City & State W. Palm Beach, FL Zip 33416
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6. Name and Address of Current Registered Agent CONE, DOUGLAS W 932 HIBISCUS DR ROYAL PALM BCH, FL 33411	
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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 <i>[Signature]</i>	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CONE, DOUGLAS W 932 HIBISCUS DR ROYAL PALM BCH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>Douglas W. Cone</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>05-18-04</i> (561) 967-7602 Daytime Phone #