2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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ment with an address, with all other like empowered

Mar 02, 2004 8:00 am DOCUMENT # P02000092693 **Secretary of State** 1. Entity Name 03-02-2004 90009 033 ***150.00 THE REAL DEAL PLACE, INC. Mailing Address Principal Place of Business 1820 LE JANGEN DRIVE KISSIMMEE FL 34744 2801 E. IRIO BRONSON KISSIMMEE FL 34744 3. Mailing Address 2. Principal Place of Business 1751 Lee JANUEN DRIVE Suite, Apt. #, etc. Suite, Apt, #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number RL 11-3651633 Kissinnee Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired usAFee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ROBERT HAYNES** Street Address (P.O. Box Number is Not Acceptable) 441 W. VINE STREET KISSIMMEE FL 34744 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D Change Addition TITLE TITLE ☐ Delete NAME HEWITT, DARRELL NAME STREET ADDRESS 1820 LEE JANZEN DRIVE STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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