


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90004 001 ***150.00

DOCUMENT # P02000105436	
1. Entity Name SOLUTIONS FOR REAL ESTATE INC.	

Principal Place of Business 10182 SEMINOLE ISL. DR. LARGO, FL 33773	Mailing Address 10182 SEMINOLE ISL. DR. LARGO, FL 33773
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11010000



2. Principal Place of Business 9414 So. Belle Dr.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Brooksville, FL	City & State
Zip 34613	Country USA

03142003 Chg-P CR2E034 (10/03)

4. FEI Number 52-2383246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRAL, ROBERT D 10182 SEMINOLE ISL. DR. LARGO, FL 33773 9414 Southern Belle Dr. Brooksville, FL 34613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 resigning) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAL, ROBERT D 10182 SEMINOLE ISL. DR. LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Robert D. Kral** 520-04(352)597-8489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment



P02000105436
44046000

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 26, 2004

~~ALL SAFE AND SECURE INC.
10182 SEMINOLE ISLE DR.
LARGO, FL 33773~~

*I have 2 Corporations
you sent me 2 of the same 1.
instead of 2 different ones,
All Safe
Secure
Inc*

~~SUBJECT: ALL SAFE AND SECURE INC.
Ref. Number: P00000095166~~

Solutions for Real Estate Inc.

9414 Southern Belle Dr.

Weeki Wachee, FL 34613

Ref # P02000105436

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

204A 00027496

Letter Number: 204A00027497