


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90018 022 ***150.00

DOCUMENT # P02000117238

1. Entity Name
MICHAEL-WYNTER REALTY, INC.



Principal Place of Business Mailing Address

**11210 MONUMENT LANDING BLVD
 JACKSONVILLE, FL 32256** **11210 MONUMENT LANDING BLVD
 JACKSONVILLE, FL 32256**

14026229



2. Principal Place of Business 3. Mailing Address

11210 MONUMENT LANDING BLVD. **11210 MONUMENT LANDING BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

07142004 Chg-P CR2E034 (10/03)

City & State City & State

JACKSONVILLE, FLORIDA **JACKSONVILLE, FLORIDA**

Zip Country Zip Country

32225 **DUVAL** **32225** **DUVAL**

4. FEI Number Applied For

02-0650493 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.
 3150 SANDY RIDGE DR
 CLEARWATER, FL 33761**

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 _____ 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
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WYNTER, DAVE A	
STREET ADDRESS	7759 SHELTER WOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, ROBERT	
STREET ADDRESS	11210 MONUMENT LANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	S	<input type="checkbox"/> Delete
NAME	WYNTER, TAMMIE S	
STREET ADDRESS	7759 SHELTER WOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHAEL, KIYAN H	
STREET ADDRESS	11210 MONUMENT LANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, ROBERT JR	
STREET ADDRESS	11210 MONUMENT LANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Michael Jr. Date: 07-15-04 Daytime Phone #: (904) 923-6288