


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 050 ***158.75

| | |
|---|---|
| DOCUMENT # P02000124465 |  |
| 1. Entity Name SPANISH TRAILS WEST REALTY, INC. | |

| | |
|--|--|
| Principal Place of Business 7142 PISCINA STREET ZEPHYRHILLS FL 33541 | Mailing Address 7142 PISCINA STREET ZEPHYRHILLS FL 33541 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E034 (11/03)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GORDON, SCOTT E 240 S PINEAPPLE AVE SARASOTA FL 34236 | |
|---|--|

| | |
|--|--|
| 4. FEI Number 56-2338053 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME STEDRONSKY, JOSEPH | |
| STREET ADDRESS 7142 PISCINA STREET | |
| CITY-ST-ZIP ZEPHYRHILLS FL 33541 | |
| TITLE V | <input type="checkbox"/> Delete |
| NAME FOURNIER, RONALD | |
| STREET ADDRESS 7142 PISCINA STREET | |
| CITY-ST-ZIP ZEPHYRHILLS FL 33541 | |
| TITLE S | <input type="checkbox"/> Delete |
| NAME TRUSLEY, JIM | |
| STREET ADDRESS 7142 PISCINA STREET | |
| CITY-ST-ZIP ZEPHYRHILLS FL 33541 | |
| TITLE T | <input type="checkbox"/> Delete |
| NAME MUNGER, DEAN | |
| STREET ADDRESS 7142 PISCINA STREET | |
| CITY-ST-ZIP ZEPHYRHILLS FL 33541 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME HICKS, JOHN | |
| STREET ADDRESS 7142 PISCINA STREET | |
| CITY-ST-ZIP ZEPHYRHILLS FL 33541 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE <i>Assistant Secretary</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME <i>William Gorman</i> | |
| STREET ADDRESS <i>280 LA VISTA DR. West</i> | |
| CITY-ST-ZIP <i>Winter Springs, FL 32708</i> | |
| 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: *Joseph Stedronsky* 2/17/04 (813) 780-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #