


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90005 032 \*\*\*150.00

<b>DOCUMENT # P02000126814</b> 1. Entity Name <b>BINGEMANN REALTY SALES, INC.</b>																											
Principal Place of Business 143 SOUTH ROSCOE BOULEVARD PONTE VEDRA BEACH, FL 32082		Mailing Address 143 SOUTH ROSCOE BOULEVARD PONTE VEDRA BEACH, FL 32082																									
2. Principal Place of Business <b>822 Highway A1A North</b> Suite, Apt., etc. <b>Suite 103</b> City & State <b>Ponte Vedra Beach, FL</b> Zip <b>32082</b>		3. Mailing Address <b>822 Highway A1A North</b> Suite, Apt., etc. <b>Suite 103</b> City & State <b>Ponte Vedra Beach, FL</b> Zip <b>32082</b>																									
4. FEI Number <b>14-1863868</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																											
6. Name and Address of Current Registered Agent  <b>ALLEN, GLENN K</b> <b>353 EAST FORSYTH STREET</b> <b>JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D BINGEMANN, PAM</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>143 SOUTH ROSCOE BOULEVARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D BINGEMANN, PAM	<input checked="" type="checkbox"/> Delete	NAME	143 SOUTH ROSCOE BOULEVARD		STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D Bingemann, Christopher D.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>822 Highway A1A North, Ste. 103</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Ponte Vedra Beach, FL 32082</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D Bingemann, Christopher D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	822 Highway A1A North, Ste. 103		STREET ADDRESS	Ponte Vedra Beach, FL 32082		CITY-ST-ZIP		
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**44010569**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/31/04*

*904 285 0004*