


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000000433 1. Entity Name SELLSTATE PRIORITY REALTY NETWORK, INC.	
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Principal Place of Business 1631 DELPRADO BLVD., SUITE 401 CAPE CORAL, FL 33990	Mailing Address 1631 DELPRADO BLVD., SUITE 401 CAPE CORAL, FL 33990
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DO NOT WRITE IN THIS SPACE

02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0759895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWAB, LYNETTE M 1631 DELPRADO BLVD., SUITE 401 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHWAB, TIM J 1631 DELPRADO BLVD., SUITE 401 CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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03/17/05-80049-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tim J Schwab Tim J Schwab 3-14-05 239-574-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #