


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90001 037 \*\*\*150.00

<b>DOCUMENT # P03000001178</b>	
1. Entity Name <b>ABOVE REALTY INC.</b>	

Principal Place of Business <b>208 PALM CIRCLE PANAMA CITY BEACH, FL 32413</b>	Mailing Address <b>208 PALM CIRCLE PANAMA CITY BEACH, FL 32413</b>
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2. Principal Place of Business <b>919 Marina Drive Suite, Apt. #, etc. Panama City Beach Fl.</b>	3. Mailing Address <b>919 Marina Drive Suite, Apt. #, etc. Panama City Beach Fl.</b>
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Zip <b>32407</b>	Country <b>Bay</b>	Zip <b>32407</b>	Country <b>Bay</b>
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6. Name and Address of Current Registered Agent <b>LEE, PENNY S 208 PALM CIRCLE PANAMA CITY BEACH, FL 32413</b>	
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7. Name and Address of New Registered Agent Name <b>Penny S. Lee</b> Street Address (P.O. Box Number is Not Acceptable) <b>919 Marina Drive Panama City Beach Fl.</b> City <b>FL</b> Zip Code <b>32407</b>	
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 <b>Penny S. Lee</b> is list as Lee Penny (Now) 7/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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

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: <b>Penny S. Lee</b> <b>Penny S. Lee</b> <b>7/3/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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4. FEI Number <b>65-1168313</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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