2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28

FILED
Jun 04, 2004 8:00 am
Secretary of State
04-28-2004 90292 023 ***150.00

DOCUMENT # P03000036689

1. Entity Name
1031 LIKE KIND EXCHANGE, INC.

Principal Place of Business	Mailing Address
170 BLOXHAM AVE ORANGE CITY, FL 32763	170 BLOXHAM AVE ORANGE CITY, FL 32763

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 2582 South Volusia Ave	3. Mailing Address: 2582 South Volusia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, FL	City & State: Orange City, FL
Zip: 32763 Country: USA	Zip: 32763 Country: USA

4. FEI Number: 51-0456216 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOOKER, JOHN S
170 BLOXHAM AVE
ORANGE CITY, FL 32763

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 [signature] 4/21/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOOKER, JOHN S ~~170 BLOXHAM AVE~~ ~~2582~~ 2582 S. Volusia Ave ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~John Booker~~ ~~2582 S. Volusia Ave~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4/21/04 3868510655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #