


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90022 001 \*\*\*158.75

DOCUMENT # P03000041922		
1. Entity Name SELLSTATE ELITE REALTY NETWORK, INC.		

Principal Place of Business 3351 MARINATOWN LANE NORTH FT. MYERS, FL 33903	Mailing Address 3351 MARINATOWN LANE NORTH FT. MYERS, FL 33903
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2. Principal Place of Business 3351 MARINATOWN LANE Suite, Apt. #, etc. Suite - 100	3. Mailing Address 11 Suite, Apt. #, etc. SAME
City & State North Fort Myers, FL	City & State SAME
Zip 33903	Country USA



03022004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0777690	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, MICHAEL R 2546 S.W. 38TH TERR. CAPE CORAL, FL 33914 "Sole Director"	7. Name and Address of New Registered Agent Name JACK W. CHASTAIN Street Address (P.O. Box Number is Not Acceptable) 3350 NORTH KEY DRIVE #1013B City North Fort Myers FL Zip Code 33903
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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 JACK W. CHASTAIN	DATE 4-6-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MICHAEL R 2546 S.W. 38TH TERR. CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Director/President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTAIN, JACK 3350 NORTH KEY DR., #1013B NORTH FT. MYERS, FL 33903 <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
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
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.	
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SIGNATURE: JACK W. CHASTAIN	DATE 4-6-04	DAYTIME PHONE # 671-0275
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sole Director/President/owner