

01-14-2004 90008 016 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**66400653**



<b>DOCUMENT # P03000042430</b> 1. Entity Name <b>THE REAL ESTATE PARKING COMPANY</b>					
Principal Place of Business 100 WALLACE AVE. SUITE 100 SARASOTA, FL 34237		Mailing Address 100 WALLACE AVE. SUITE 100 SARASOTA, FL 34237			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>14-1880721</b>	
5. Certificate of Status Desired <input type="checkbox"/>		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  <b>BONE, DAVID D</b> <b>100 WALLACE AVE.</b> <b>SUITE 100</b> <b>SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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  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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BONE, DAVID D</b> <input type="checkbox"/> Delete <b>100 WALLACE AVE. SUITE 100</b> <b>SARASOTA, FL 34237</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Schwab, Gloria J.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>100 Wallace Avenue, Suite 100</b> <b>Sarasota, FL 34237</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>Bone, Carol A.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>100 Wallace Avenue, Suite 100</b> <b>Sarasota, FL 34237</b>	
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.					
SIGNATURE:			1/8/04		941-954-8405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DAVID D. BONE,</b> Date Daytime Phone #					
<b>PRESIDENT</b>					