

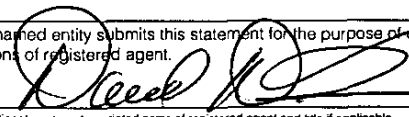
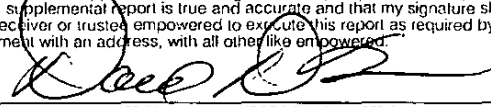


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042430						<p>FILED</p> <p>05 MAR -1 AM 11:53</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 			
1. Entity Name THE REAL ESTATE PARKING COMPANY									
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		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 14-1880721		Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		Zip		Country			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02032005 Chg-P CR2E034 (10/03)					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BONE, DAVID D 100 WALLACE AVE. SUITE 100 SARASOTA, FL 34237				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: 				(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. <input type="checkbox"/> \$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 BONE, DAVID D 100 WALLACE AVE. SUITE 100 SARASOTA, FL 34237 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		400048028034 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/09/05--01009--004 **\$50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V SCHWAB, GLORIA J 100 WALLACE AVENUE STE 100 SARASOTA, FL 34237 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		V Rachel M. Wolf 100 Wallace Ave, STE 100 Sarasota. FL 34237 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST BONE, CAROL A 100 WALLACE AVENUE STE 100 SARASOTA, FL 34237 <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		V Karen L. Wend 100 Wallace ave, STE 100 Sarasota, FL 34237 <input type="checkbox"/> Change <input checked="" 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.									
SIGNATURE: 				2/7/05				941-954-8405	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE				Daytime Phone #	