


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90001 027 \*\*\*150.00

<b>DOCUMENT # P03000054819</b> 1. Entity Name <b>BRONCILE PARCHER A-PLUS REALTY INC.</b>			
Principal Place of Business <b>3703 CRILL AVENUE PALATKA, FL 32177</b>		Mailing Address <b>3703 CRILL AVENUE PALATKA, FL 32177</b>	
2. Principal Place of Business <b>924 S. Hwy 19</b>		3. Mailing Address <b>924 S. Hwy 19</b>	
Suite, Apt. #, etc. <b>#2</b>		Suite, Apt. #, etc. <b>#2</b>	
City & State <b>Palatka, FL</b>		City & State <b>Palatka, FL</b>	
Zip <b>32177</b>		Zip <b>32177</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>01-0783295</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARCHER, LOUISE B 3703 CRILL AVENUE PALATKA, FL 32177</b>		7. Name and Address of New Registered Agent Name <b>PARCHER, LOUISE B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>924 S. Hwy 19</b> Suite <b>#2</b> City <b>Palatka</b> FL <b>32177</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 <u><i>Louise B. Parcher</i></u> DATE <u>6-14-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARCHER, LOUISE B 3703 CRILL AVENUE PALATKA, FL 32177	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARCHER, LOUISE B 3703 CRILL AVENUE PALATKA, FL 32177	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARCHER, LOUISE B 3703 CRILL AVENUE PALATKA, FL 32177	<input type="checkbox"/> Delete	<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: <u><i>Louise B. Parcher</i></u>		Date <u>6-14-04</u> Daytime Phone #	