

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90014 015 ***550.00

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1. Entity Name
CAROLYN THOMAS REALTY, INC.



Principal Place of Business Mailing Address
698 AVE I PO BOX 267
MOORE HAVEN, FL 33471 MOORE HAVEN, FL 33471-0267

44047000



2. Principal Place of Business 3. Mailing Address

198 7th St Suite 2

07072004 Chg-P CR2E034 (10/03)

City & State City & State

Moore Haven, FL

4. FEI Number Applied For
56-2354843 Not Applicable

Zip Country Zip Country
33471 FLADES

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

THOMAS, CAROLYN J
698 AVE I
MOORE HAVEN, FL 33471

Name
 Street Address (P.O. Box Number is Not Acceptable)
198 7th St Suite 2
 City **Moore Haven** FL **33471**

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 *Carolyn Thomas*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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 Delete
 NAME **D THOMAS, CAROLYN J**
 STREET ADDRESS **698 AVE I**
 CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE Change Addition
 NAME **D VAN WIJCK, MARYLEE**
 STREET ADDRESS **198 7th St Suite 2**
 CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE Delete
 NAME **D VAN WIJCK, BERT**
 STREET ADDRESS **698 AVE I**
 CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE Change Addition
 NAME **Thomas, Carolyn J**
 STREET ADDRESS **198 7th St Suite 2**
 CITY-ST-ZIP **MOORE HAVEN, FL 33471**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Carolyn Thomas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04
 Date Daytime Phone #