2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	# <b>P03000060</b> 9 EALTY, INC.				Feb 02, 2004 08:00 AM Secretary of State						
Principal Plac	o of Susings		Maille	a Addrose							
Principal Place of Business 6444 STARFISH COVE				Mailing Address 6444 STARFISH COVE							
GULF BREEZE FL 32563				GULF BREEZE FL 32563							
								6 FWW  WW   622 WW/WW (2022 WW/2) WW/	: maii: maii: #iii: i	######################################	HIIIMME ES SANAS
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suil	Suite, Apt. #, etc.				MOORE	CR2E034	(11/03)	
City & State				City & State			4. ?	El Number		A	pplied For
7-			-	7-						<del></del>	ot Applicable
Zip	Zip Country		Zip	Zip Goun		etry	5. (	Certificate of Status Desired		<b>\$8.75</b> Add Fee Require	
6. Name and Address of Current F							7. 8	lame and Address of New I	Registered A	igent	
PALMER, RAYMOND B ESQUIRE 913 GULF BREEZE PKWY STE 41						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
GULF BREEZE FL 32561								·			
					City		FL Zip Code			te	
B. 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.											
C1C21477177	_	v									
SIGNATURE	Signature, typed	or printed name of registered agen	and title if app	plicable (NOTI	E Registere	d Agent signature res	Quired When re	enstating)	DATE		<del></del>
F	ILE NOW!	11 FEE IS \$150.00						O Clastica Computer Si		<b>AC</b> (	10
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Fit Trust Fund Contribution</li> </ol>			00 May Be d to Fees
10.		OFFICERS AND	DIRECTO	ECTORS 11.			AD	DITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11
TITLE	DPST			☐ Delete				☐ Change ☐ Addition			
NAME MORRIS, PATTY					E		U00000027074				
STREET ADDRESS 6444 STARFISH COVE CITY-ST-ZIP GULF BREEZE FL 32563				STRE				02/03/04-80033-010 150.00			10
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CITY-ST-ZIP	<b> </b> ———				_	-S1-21P					
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title Name	1			Delete	TITLE	i i				☐ Change	Addition
STREET ADDRESS					nam Stre	ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
12. Thereby	certify that the	e information supplied wit	h this filing	does not qualify for	the exe	mption stated in	n Section 1	1 19.07(3)(i), Florida Statutes.	I further cert	ify that the in	nformation
12. I hereby certify that the information supplied with this filling 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 of 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: Patty Morris
SIGNATURE SIGNATURE OF PRINTED WASK OF SIGNANG OFFICER OR DIRECTOR

1-19-04 850-939-0316
Date Daylor Profile 8

**FILED**