


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90001 021 ***158.75

DOCUMENT # P03000070860 1. Entity Name THE REALTY GROUP OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 3510 MUSCADINE LANE BONITA SPRINGS, FL 34134			Mailing Address 3510 MUSCADINE LANE BONITA SPRINGS, FL 34134		
2. Principal Place of Business 24830 S. TAMIA M. TR. Suite, Apt. #, etc. SUITE 3500		3. Mailing Address 24830 S. TAMIA M. TR. Suite, Apt. #, etc. SUITE 3500			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		4. FEI Number 20-0066535	
Zip 34134		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAAS, GARY E 3510 MUSCADINE LANE BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent 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 <i>Gary E. Haas</i> DATE <i>5/1/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAAS, SHARON J 3510 MUSCADINE LANE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

Sharon J Haas, President 5/1/04

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