FILED
Jun 15, 2004 8:00 am
Secretary of State

05-07-2004 90120 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071236

1. Entity Name
MONEY'S WORTH REALTY, INC.

66428213

Principal Place of Business	Mailing Address
~~PMB 1203, 1015 SEMORAN BLVD STE 105 CASSELBERRY, FL 32707~~ 2281 Lee Rd # 202 Winter Park, Fl ~~32707~~ 32789	~~PMB 1203, 1015 SEMORAN BLVD STE 105 CASSELBERRY, FL 32707~~ P.O. Box 520067 Longwood, Fl 32752
2. Principal Place of Business	3. Mailing Address P.O. Box 520067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Longwood, FL
Zip / Country	Zip 32752 / Country USA

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 20-1203028 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAIN, JEFFREY D
2281 LEE ROAD STE 202
WINTER PARK, FL 32789

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 [signature] 6/08/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAIN, JEFFREY D ~~PMB 1203, 1015 SEMORAN BLVD STE 105~~ ~~CASSELBERRY, FL 32707~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2281 Lee Rd #202 Winter Park, Fl 32789 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/29/04 407 923-5661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #