## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000078816** 04-29-2004 90303 022 \*\*\*150.00 PONSIT REALTY, INC. Principal Place of Business Mailing Address 1981 CAPITAL CIR NE P.O. BOX 5887 14012629 TALLAHASSEE, FL 32317-5887 TALLAHASSEE, FL 32308 2. Principal Place of Business 2858 Remington 3. Mailing Address Greenlin Same Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 20-0114603 Táll. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired usA 32308 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YATES; R. RICHARD---Street Address (P.O. Box Number is Not Acceptable) 2858 Remination Ovel 1981 CAPITAL CIR NE TALLAHASSEE, FL 32308 City Tall The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TATLE Change Addition TITLE ☐ Delete Richard yates MARKE NAME Theen ci 858 Reminster STREET ADDRESS STREET ADDRESS CITY-SI-ZIP '2*30*8 CITY-ST-7IP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADLIRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Change Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS -cav-st-žip∽ City, St-ZIP, Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE Change Addition ☐ Deleta TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Theraby certify that the information supplied with this filing does not quality for the examption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 material propowered 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 Araddress, with all other like empowered. SIGNATURE: 2

FILED