2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State
08-04-2004 90018 028 ***150.00

DOCUMENT # P03000084893

1. Entity Name
FRAN KOTOSKY REALTY, P.A.

24078223

Principal Place of Business	Mailing Address
~~10020 GULF BLVD~~ 1005-3rd ST E. ~~TREASURE ISLAND, FL 33706~~ Palmetto, Fl. 34221	~~10020 GULF BLVD~~ 1005-3rd ST E. ~~TREASURE ISLAND,~~ FL 33706 Palmetto, Fl. 34221

07212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1005 3rd St. E.	1005 3rd St. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto FL	City & State: Palmetto FL
Zip: 34221 Country: Manatee	Zip: 34221 Country: Manatee

4. FEI Number: 06-1704182 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOTOSKY, FRANCES L
~~10020 GULF BLVD~~ 1005-3rd ST E.
~~TREASURE ISLAND, FL 33706~~ Palmetto, Fl. 34221

7. Name and Address of New Registered Agent

Name: Frances L. Kotosky
Street Address (P.O. Box Number is Not Acceptable): 1005 3rd St. E.
City: Palmetto FL Zip Code: 34221

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: Frances L. Kotosky DATE: 8/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOTOSKY, FRANCES L	NAME	
STREET ADDRESS	~~10020 GULF BLVD~~ 1005 3rd St. E	STREET ADDRESS	
CITY-ST-ZIP	~~TREASURE ISLAND, FL 33706~~ Palmetto FL 34221	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Frances L. Kotosky 8/1/04 (727) 8645625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #