

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092661

FILED  
Apr 19, 2004  
Secretary of State

**Entity Name:** REUNION REAL ESTATE SALES AND CO.

**Current Principal Place of Business:**

215 CELEBRATION PLACE  
SUITE 500  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

8131 VINELAND AVE.  
#302  
ORLANDO, FL 32821

**New Mailing Address:**

**FEI Number:** 20-0306645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCRILLIS, THERESA H  
8131 VINELAND AVE.  
#302  
ORLANDO, FL 32821 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCRILLIS, THERESA H  
Address: 8131 VINELAND AVE #302  
City-St-Zip: ORLANDO, FL 32821

Title: S ( ) Delete  
Name: MCCRILLIS, THERESA H  
Address: 8131 VINELAND AVE #302  
City-St-Zip: ORLANDO, FL 32821

Title: T ( ) Delete  
Name: MCCRILLIS, THERESA H  
Address: 8131 VINELAND AVE #302  
City-St-Zip: ORLANDO, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** THERESA H. MCCRILLIS

PST

04/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date