

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90319 021 ***150.00

DOCUMENT # P03000096508

1. Entity Name
REALNET INVESTMENTS, INC.



Principal Place of Business
**1249 NORTH ORANGE AVENUE
ORLANDO, FL 32804 US**

Mailing Address
**1249 NORTH ORANGE AVENUE
ORLANDO, FL 32804 US**

66424212



2. Principal Place of Business		3. Mailing Address		04202004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		20-0223241	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FREEMAN, BARBARA 1249 NORTH ORANGE AVENUE ORLANDO, FL 32804		Name MICHELLE QUATRALE	
		Street Address (P.O. Box Number is Not Acceptable)	
		1249 N. ORANGE AVE.	
		City ORLANDO	Zip Code 32804

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]* DATE **4/26/04**
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRETT, JOHN 1249 NORTH ORANGE AVENUE ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **JOHN E. PARRETT** DATE **4/26/04** DAYTIME PHONE **407-422-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone