

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100034

FILED
Sep 08, 2004
Secretary of State

Entity Name: PALM BAY REALTY & ASSOCIATES INC.

Current Principal Place of Business:

4801 HAYMAKER CT.
TAMPA, FL 33624

New Principal Place of Business:

15125 NATUREWALK DR.
TAMPA, FL 33624

Current Mailing Address:

4801 HAYMAKER CT.
TAMPA, FL 33624

New Mailing Address:

15125 NATUREWALK DR..
TAMPA, FL 33624

FEI Number: 32-0091823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRIZARRY, SHEILA A MANAGER
4801 HAYMAKER CT.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

IRIZARRY, SHEILA A DIR/PRE
15125 NATUREWALK DR.
TAMPA, FL 33624 US

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: SHEILA IRIZARRY

09/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IRIZARRY, SHELIA
Address: 4801 HAYMAKER CT.
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: IRIZARRY, CRYSTAL E
Address: 4801 HAYMAKER CT.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IRIZARRY, SHELIA
Address: 15125 NATUREWALK DR.
City-St-Zip: TAMPA, FL 33624

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: SHEILA IRIZARRY

PD

09/08/2004

Electronic Signature of Signing Officer or Director

Date