


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90117 044 ***150.00

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|---|--|---|--|---|--|
| DOCUMENT # P03000115223 1. Entity Name TRADING PLACES REALTY, INC. | | | |  | |
| Principal Place of Business 608 WISTERIA LANE CELEBRATION, FL 34747 | | | Mailing Address 608 WISTERIA LANE CELEBRATION, FL 34747 | | |
| 2. Principal Place of Business <i>215 Celebration Place</i> | | 3. Mailing Address <i>P.O. Box 470185</i> | | | |
| Suite, Apt. #, etc. <i>Suite 500</i> | | Suite, Apt. #, etc. | | | |
| City & State <i>Celebration, FL</i> | | City & State <i>Celebration, FL</i> | | 4. FEI Number <i>30-0209844</i> | |
| Zip <i>34747</i> | | Country <i>USA</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROTHMAN, MICHAEL 11900 BISCAYNE BLVD STE 740 MIAMI, FL 33181 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | D BAGWELL, GALE 608 WISTERIA LANE CELEBRATION, FL 34747 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>P.O. Box 470185</i> <i>Celebration, FL 34747</i> | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREENLEES, DEBBIE 608 WISTERIA LANE CELEBRATION, FL 34747 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>608 Wisteria Ct.</i> <i>Celebration, FL 34747</i> | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <i>Debbie Greenlees</i> Debbie Greenlees <i>7/1/04</i> 321-559-1055 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |