05/28/04 FRI 12:08 FAX 2395738844 COLLEEN RPC INC 5/5

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Jun 01, 2004 8:00 am
Secretary of State
05-05-2004 90218 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128731

1. Entity Name
REALTY PARTNERS & COMPANY, INC.

Principal Place of Business	Mailing Address
4427 SE 16 PLACE #2 CAPE CORAL, FL 33904	4427 SE 16 PLACE #2 CAPE CORAL, FL 33904

66425541

03292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-0437172 ☐ Applied For ☐ Not Applicable

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
WRIGHT, CHRISTINE E 4427 SE 16 PLACE #2 CAPE CORAL, FL 33904	Name: Mary Snell Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry St. PO Box 1507 City: Fort Myers FL Zip: 33902

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: ______ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: WROTEN, MELVIN O JR STREET ADDRESS: 4427 SE 16 PLACE #2 CITY-ST-ZIP: CAPE CORAL, FL 33904	☐ Delete	TITLE: President NAME: Melvin O. Wroten Jr. STREET ADDRESS: PO Box 151520 CITY-ST-ZIP: Cape Coral, FL 33915 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: [signature] President 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #