

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000138008



1. Entity Name
REALTY MASTERZ, INC. OF SW FLORIDA

Principal Place of Business
6516 HARTLAND ST
FORT MYERS, FL 33912

Mailing Address
6516 HARTLAND ST
FORT MYERS, FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number

37-1479204

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name **TRAURIG, DONALD W.**
Street Address (P.O. Box Number is Not Acceptable)
6516 HARTLAND ST.
City **FORT MYERS** FL Zip Code **33912**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

14-27-04

DATE

**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	P TRAURIG, DONALD W PMB # 200 2098 CRYSTAL DR #27 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE P TRAURIG, DONALD W. 6516 HARTLAND ST. FORT MYERS, FL 33912
TITLE	SEC TRAURIG, DONALD W PMB #200 2098 CRYSTAL DR #27 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE SEC TRAURIG, DONALD W. 6516 HARTLAND ST. FORT MYERS, FL 33912
TITLE	TRES TRAURIG, DONALD W PMB # 200 2098 CRYSTAL DR #27 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE TRES TRAURIG, DONALD W. 6516 HARTLAND ST. FORT MYERS, FL 33912
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<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 all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/27/04

Date

Daytime Phone #