

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 027 ***150.00

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.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
37-1479204

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**TRAURIG, DONALD W
PMB # 200
2098 CRYSTAL DR #27
FORT MYERS, FL 33907**

7. Name and Address of New 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)

DATE

4-27-04

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	TRAURIG, DONALD W	
STREET ADDRESS	PMB # 200 2098 CRYSTAL DR #27	
CITY - ST - ZIP	FORT MYERS, FL 33907	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	TRAURIG, DONALD W	
STREET ADDRESS	PMB #200 2098 CRYSTAL DR #27	
CITY - ST - ZIP	FORT MYERS, FL 33907	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	TRAURIG, DONALD W	
STREET ADDRESS	PMB # 200 2098 CRYSTAL DR #27	
CITY - ST - ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAURIG, DONALD W.	
STREET ADDRESS	6516 HARTLAND ST.	
CITY - ST - ZIP	FORT MYERS, FL 33912	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAURIG, DONALD W.	
STREET ADDRESS	6516 HARTLAND ST.	
CITY - ST - ZIP	FORT MYERS, FL 33912	
TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAURIG, DONALD W.	
STREET ADDRESS	6516 HARTLAND ST.	
CITY - ST - ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04