



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2004 8:00 am
Secretary of State

03-29-2004 90402 024 ***150.00

DOCUMENT # P03000140400			
1. Entity Name RKR REAL ESTATE INC.			
Principal Place of Business 137 FLORIDA PARK DR N PALM COAST, FL 32137		Mailing Address 137 FLORIDA PARK DR N PALM COAST, FL 32137	
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 30-0462360		Applied For Not Applicable	
5. Certificate of Status Desired		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RIVERA, RONALD K 137 FLORIDA PARK DR N PALM COAST, FL 32137		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		DATE 25 Mar 04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ADRENE	NAME	
STREET ADDRESS	137 FLORIDA PARK DR N	STREET ADDRESS	
CITY- ST- ZIP	PALM COAST, FL 32137	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, RONALD K	NAME	
STREET ADDRESS	137 FLORIDA PARK DR N	STREET ADDRESS	
CITY- ST- ZIP	PALM COAST, FL 32137	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: <u>Adrene Rivera</u>		Date: <u>3/25/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>386-447-0100</u>	

00111001



DEPARTMENT OF STATE
 CORPORATE REGISTRATION DIVISION
 1000 BANKERS BUILDING
 TALLAHASSEE, FLORIDA 32399-0001
 (904) 493-0873