2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000000316

1. Entity Name
THE REAL DEAL CORPORATION

FILED
04 JUN -1 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
COPY

Principal Place of Business	Mailing Address
9495 SW 151 PLACE DUNNELLON, FL 34432	9495 SW 151 PLACE DUNNELLON, FL 34432

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9495 SW 151st Pl	9495 SW 151st Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Dunnellon Fl.	Dunnellon Fl.
City & State	City & State
Zip 34432 Country USA	Zip 34432 Country USA

4. FEI Number 20-0564781 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAL, WAYNE
9495 SW 151 PLACE
DUNNELLON, FL 34432

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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,D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEAL, WAYNE		NAME		
STREET ADDRESS	9495 SW 151 PLACE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34432		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	05-05-04 90226 018 $ 150.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: Wayne E. Wayne Deal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #