


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 002 ***158.75

DOCUMENT # P04000148946 1. Entity Name REALTY CORNER, USA, INC.			
Principal Place of Business 17140 CORAL CAY LANE FT MYERS, FL 33908		Mailing Address 17140 CORAL CAY LANE FT MYERS, FL 33908	
2. Principal Place of Business 8140 College Parkway		3. Mailing Address 8140 COLLEGE PARKWAY	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. SUITE 201	
City & State Fort Myers, FL		City & State FORT MYERS, FL	
Zip 33919	Country USA	Zip 33919	Country USA
4. FEI Number 20-1853918		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J PA 12670 NEW BRITTANY BLVD SUITE 101 FT MYERS, FL 33907		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD Sheri Barry 8140 College Parkway, Ste. 201 Fort Myers, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sheri Barry</i> SHERI BARRY		Date: <i>Jan 18, 2005</i> 826-2200 (239)	

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