


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90420 001 ***150.00
04-19-2004 90420 002 *****8.75

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| DOCUMENT # P93000032529 |  |
| 1. Entity Name PLANTATION REAL ESTATE SERVICES, INC. | |

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| Principal Place of Business 8705 PERIMETER PARK BLVD. 8 JACKSONVILLE, FL 32216 US | Mailing Address 8705 PERIMETER PARK BLVD. 8 JACKSONVILLE, FL 32216 US |
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| 2. Principal Place of Business 8711 PERIMETER PARK BLVD. Suite, Apt. #, etc. SUITE 11 | 3. Mailing Address 8711 PERIMETER PARK BLVD. Suite, Apt. #, etc. SUITE 11 |
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| City & State JACKSONVILLE, FL | City & State JACKSONVILLE, FL |
| Zip 32216 | Country USA |

04142004 Chg-P CR2E034 (10/03)



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| 6. Name and Address of Current Registered Agent FORT, DONALD C. 8705-8 PERIMETER PARK BLVD SUITE 105 JACKSONVILLE, FL 32216 | |
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| 7. Name and Address of New Registered Agent Name FORT, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 8711-11 PERIMETER PARK BLVD. City JACKSONVILLE FL 32216 | |
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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 _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COLEMAN, JOHN 8705-8 PERIMETER PARK BLVD JACKSONVILLE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COLEMAN, JOHN 8711-11 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST TYE, GAIL D 8705-8 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST TYE, GAIL D. 8711-11 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 an address, with all other like empowered.

SIGNATURE: *Gail D. Tye* **4/14/04** **(904) 641-0018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #