## 2004 FOR PROFIT CORPORATION

## FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90162 029 \*\*\*150.00

Ž004	ANNUAL	REPORT
DOCUMENT	# P930000354	16

1. Entity Nam DEXTER	REALTY, INC.			
Principal Plac	e of Business	Mailing Address	1	
303 BALLEN PALM BEACH	IISLES DRIVE 1 GARDENS, FL 33418	303 BALLENISLES DRI PALM BEACH GARDENS		
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			04272004 Chg-P CR2E034 (10/03)	
City & Stat	e	City & State		4. FEI Number         Applied For           65-0417781         Not Applicable
. Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
GARY, JOHN W. III 701 U.S. HIGHWAY ONE SUITE 402 NORTH PALM BEACH, FL 33408		Street A	Address (P.O. Box Number is Not Acceptable)	
(10)(1)(1)	TEM DESTON, I'E 00-100		City	<b>₽</b> Zip Code
8. The above	named entity submits this statement for	or the purpose of changing its	1	FL Zip Code or registered agent, or both, in the State of Florida. I am familiar with, and accep
	ions of registered agent.		-	, in the second
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signati	ature required when reinstating) DATE
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa  Trust Fund Cont		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PTD DAVIDSON, ROY D	☐ Delete	TITLE NAME	P/T/D xxx Change □ Addition Davidson, Roy H.
STREET ADDRESS CITY-ST-ZIP	303 BALLEN ISLES DR PALM BCH GARDENS, FL		STREET ADDRESS CITY-ST-ZIP	303 BallenIsles Drive
TITLE NAME	S GARY, JOHN W. I	☐ Detete	TITLE	Palm Beach Gardens, FL 33418 Change Addition
STREET ADDRESS CITY-ST-ZIP	701 US HIGHWAY 1, SUITE 402 NORTH PALM BEACH, FL	?	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	VPD	☐ Delete	TITLE	V/D XX Change Addition
NAME STREET ADDRESS	FREIN, ROBERT J 100 BALLEN ISLES DR		NAME Street Address	Frein, Robert J. 100 BallenIsles Drive
CITY-ST-ZIP	PALM BCH GARDENS, FL		CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	CD	☐ Delete	TITLE	C/D xx Change □ Addition
NAME STREET ADDRESS	BILLS, JOHN C 3910 RCA BLVD., #1001		NAME STREET ADDRESS	Bills, John C.
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP	2401 PGA Bouleyard; Suita 280
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	** <sub>WCD</sub> .		NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio
NAME STREET ADDRESS	• • %		NAME Street address	
CITY-ST-ZIP	·		CITY-ST-ZIP	
12. Thereby o	certify that the information supplied with	n this filing does not qualify for	r the exemption stat	ated 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.

ROY H. DAVIDSON SIGNATURE: Koy H. Avide Koy H.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR