


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90115 047 \*\*\*150.00

|  |  |         |   |   |  |
|--|--|---------|---|---|--|
| <b>DOCUMENT # P93000053785</b>   |  |         |   |                  |  |
| <b>1. Entity Name</b><br>OPUS ONE REALTY, INC.   |  |         |   |   |  |
| <b>Principal Place of Business</b><br>929 CASEY COVE DR<br>NOKOMIS, FL 34275 US  |  |         | <b>Mailing Address</b><br>929 CASEY COVE DR<br>NOKOMIS, FL 34275 US                               |   |  |
| <b>2. Principal Place of Business</b>  |  |         | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.  |  |         | Suite, Apt. #, etc.   |   |  |
| City & State   |  |         | City & State  |   |  |
| Zip  |  | Country |   | Zip   |  |
| Country  |  | Country |   | 04012004 Chg-P CR2E034 (10/03)  |  |
| <b>4. FEI Number</b><br>59-3192394   |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |         |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |         |   | <b>7. Name and Address of New Registered Agent</b>  |  |
| SOILEAU, JOHN<br>1970 MICHIGAN AVENUE #C<br>COCOA, FL 32923  |  |         |   | Name  |  |
|  |  |         |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|  |  |         |   | City  |  |
|  |  |         |   | FL Zip Code   |  |
| <b>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.</b>   |  |         |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |         |   |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |  |         | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                      |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | PD MILEY, MARY E<br>929 CASEY COVE DR<br>NOKOMIS, FL 34275 |         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                            |         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                            |         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                            |         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                            |         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                            |         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>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 life empowered.</b> |  |         |   |   |  |
| <b>SIGNATURE:</b> _____  |  |         | 4-28-04 944-585-5875  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |         | Date Daytime Phone #  |   |  |