2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000087198

1. Entity Name
KRR REALTY, INC.

Principal Place of Business	Mailing Address
3450 W. BUSCHWOOD PARK DR. SUITE 195 TAMPA, FL 33618	3450 W. BUSCHWOOD PARK DR. SUITE 195 TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

03172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3218849	Not Applicable

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

6. Name and Address of Current Registered Agent

NESBITT, STEVEN M
3450 W. BUSCHWOOD PARK DR.
SUITE 195
TAMPA, FL 33618

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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

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

TITLE	D	
NAME	VALENTI, DARRELL J	
STREET ADDRESS	3450 W. BUSCH BLVD., SUITE 195	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	
NAME	NESBITT, STEVEN M	
STREET ADDRESS	3450 W BUSCH BLVD STE 195	
CITY-ST-ZIP	TAMPA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _Steven M. Nesbitt_   3/17/04   813-935-8777
SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #