2004 FOR PROFIT CORPORATION

Feb 12, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P94000012538** 1. Entity Name 02-12-2004 90007 026 ***150.00 REALMARK MANAGEMENT, INC. Principal Place of Business Mailing Address 412 N.E. 16TH AVE. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 rincipal Place of Business 3. Mailing Address 0000 01222004 Chg-P CR2E034 (10/03) 4. FEI Number Otv & State Applied For 59-3226597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent... Sennes LEE, DENNIS G Street Address (P.O. Box Number is Not Acceptable) 412 N.E. 16TH AVE GAINESVILLE, FL 32601 8. The above named entit 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 regised agent. DONNI Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change LEE, DENNIS G NAME NAME 412 N.E. 16TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ 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

NAME

STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachm with an address , with all other like empowered

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP-

FILED