## 2005 FOR PROFIT CORPORATION

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## **FILED ANNUAL REPORT** Jan 27, 2005 08:00 AN **DOCUMENT # P94000012538 Secretary of State** 1. Entity Name REALMARK MANAGEMENT, INC. Principal Place of Business Mailing Address PO BOX 357845 4127 NW 27TH LN. GAINESVILLE, FL 32635 SUITE A GAINESVILLE, FL 32606 01132005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3226597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, DENNIS G DO NOT WRITE 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and alle if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be $\Box$ Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. DPS IMLE LEE, DENNIS G NAME 4127 NW 27TH LN., SUITE A STREET ADDRESS U00000200187 01/28/05-80019-002 150.00 GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CitY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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