2004 FOR PROFIT CORPORATION

. . Pica a la

Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000040968 04-12-2004 90291 020 ***150.00 PEGASUS REALTY & ASSOCIATES, INC. Principal Place of Business Mailing Address 11UNI UV 4271 NW HWY 40 4271 NW HWY 40 OCALA, FL 34474 OCALA, FL 34482 03082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3246024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEBENEDICTY, GEORGE S DO NOT WRITE 4271 W HWY 40 OCALA, FL 34482 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) * 4 V 9. Election Campaign Financing \$5.00 May Be THE FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DEBENEDICTY, GEORGE S 4171 NW HWY 40 STREET ADDRESS CITY-ST-ZIP OCALA, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME . STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 feediver of whystee 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:

CITY-ST-ZIP

GNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #