


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000079732**  
1. Entity Name  
**REALTY CAPITAL ADVISORS, INC.**



Principal Place of Business 605 E ROBINSON SUITE 420 ORLANDO, FL 32801	Mailing Address 605 E ROBINSON SUITE 420 ORLANDO, FL 32801
---------------------------------------------------------------------------------	---------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3278600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BROCK, M.W. JEFFREY  
3224 WAID RD  
ORLANDO, FL 32806

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

U00000105861  
04/07/04-80042-810-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROCK, M.W. JEFFREY 3234 WALD RD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FREDERICK, CHARLES R. 205 LAKE COPELAND ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **M.W. Jeffrey Brock** **4-5-04** **407-843-7070 x111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #