2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000002977

1. Entity Name
MAILLET & KOZAK REALTORS, INC.

Principal Place of Business	Mailing Address
7498 CROCK AVE NORT PORT, FL 34287	7498 CROCK AVE NORT PORT, FL 34287

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0557180	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAILLET, LUCILLE D
7498 CROCK AVE
NORT PORT, FL 34287

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

U00000006008
01/16/04—30018-008 150.00

DO NOT WRITE IN THIS SPACE

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	KOZAK, LOIS D
STREET ADDRESS	6458 SAFFORD TERRACE
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	V
NAME	MAILLET, LUCILLE D
STREET ADDRESS	7498 CROCK AVE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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; *Lucille D. Maillet*   1/11/04   941-769-1062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Lucille D. Maillet