2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000028163

1. Entity Name
PEOPLE'S CHOICE REALTY, INC.

Principal Place of Business	Mailing Address
4530 S.W. 46TH STREET OCALA, FL 34474 US	4530 S.W. 46TH STREET OCALA, FL 34474 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANZENI, HELEN T
4530 SW 46TH ST
OCALA, FL 34474

FILED
Mar 18, 2004 08:00 AM
Secretary of State

02212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3314339	Not Applicable

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

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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_____   DATE _____

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

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	U00000091379 03/18/04-80007-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANZENI, HELEN T
STREET ADDRESS	4530 SW 46 ST
CITY-ST-ZIP	OCALA, FL 34474

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: *Helen T Sanzeni* Pres   2-25-04   352-237-5980

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)   Date   Daytime Phone #

Helen T. Sanzeni