


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 16 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P95000050510</b> 1. Entity Name <b>CENTRECOP REALTY SERVICES, INC.</b>	
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Principal Place of Business <b>ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401</b>
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0759197</b>	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  
**WIENER, DAVID J  
ONE NORTH CLEMATIS STREET  
SUITE 305  
WEST PALM BEACH, FL 33401**

**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)  
Signature, typed or printed name of registered agent and title if applicable. DATE **200832965202**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>04/16/04--01048--008 **150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRESTON, JOHN W.S. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREEN, ROBERT S ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOSOY, DAVID ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, TOM ONE NORTH CLEMATIS ST, STE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOSOY, BRIAN ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHREEVE, DAVID J ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401

**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)(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: David J Shreeve **2/19/2004** **561-835-1810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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