2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2004 08:00 AM

					Secretary of Sta	
DOCUMENT # P96000038911 1. Enlity Name VIRTUAL REALTY CONSTRUCTION COMPANY, INC.				v		
		Mailing Address				
535 CENTRA ST PETERSB	NL AVENUE Burg, Fl. 33701	535 CENTRAL AVENUE ST PETERSBURG, FL 33701		\$ Wallas: # # # \$}} Walls ball	. BBIG FRINK HING HERR BANK FRANK IN AND AN AND AN AND AND AND AND AND AND	
			- Filhi	01272004 No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4. FEI Number	Applied For	
				59-3385272	Not Applicable	
				5. Certificate of Status Desire	d \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						
RAHDERT, GEORGE K				DO NOT Y	WRITE	
535 CENTRAL AVE ST PETERSBURG, FL 33701				A MANAGARAK PER PERPERBAKAN		
	,			IN THIS S	KAUE BAS BEINGE	
				<u>dahan ing ika mahadaha i</u>		
 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 talle if applicable. (NOTE: Registered Agent signature required when rehistating) DATE Output Date						
				00 May Be ed to Fees		
10.	OFFICERS AND DIF	RECTORS			<u>""</u>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSTD RAHDERT, GEORGE 535 CENTRAL AVE ST PETERSBURG, FL 33701	•		02./0 <mark>6</mark> 2	000097937 04-80119-002 150,00	
TITLE	VD					
NAME	FLAHERTY, BERRY					
STREET ADORESS City-St-ZIP	535 CENTRAL AVENUE ST PETERSBURG, FL 33701					
TITLE						
NAME STREET ADDRESS				21 CZ 199 Lietucke i kommont tette u triere	*/DITE	
CITY-ST-ZIP			in the state	 for the reservoire of 1994 1998 1999 (1991) 19 ye. 	MRITE	
TITLE NAME				IN THIS S	and the first of the second of	
STREET ADDRESS CITY-ST-ZIP				majara, sakirata askiras Besekokokokokokokokokokokokokokokokokokok		
TITLE			proplejukee	periode de la composición		
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP	1					

12. I hereby certify that the information supplied with this filling 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 two 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 arbitraged with an address, with all other like empowered.

MIN GEORGE K. Rahdert SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/04 Oake

727/823-4191

Daytime Phone #