

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068894

FILED
Apr 12, 2004
Secretary of State

Entity Name: THE REAL ESTATE STORE, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
14H
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

12443 SAN JOSE BLVD
402
JACKSONVILLE, FL 32223 US

Current Mailing Address:

P.O. BOX 24434
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-3394952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRS, GLENN C
4411 SUNBEAM RD
P O BOX 24434
JACKSONVILLE, FL 32241 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRS, GLENN C
Address: 9144 WOODJACK CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BARRS, ELIZABETH C
Address: 9144 WOODJACK CT
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN C. BARRS

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04/12/2004

Electronic Signature of Signing Officer or Director

_____ Date