


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90020 047 ***150.00

DOCUMENT # P96000092353 1. Entity Name REALLY INC.			
Principal Place of Business 3168 HIGHWAY 17 SOUTH ORANGE PARK, FL 32073 US		Mailing Address 3168 HIGHWAY 17 SOUTH ORANGE PARK, FL 32073 US	
2. Principal Place of Business Suite, Apt. #, etc. 1401 KINGSLEY AVE		3. Mailing Address Suite, Apt. #, etc. 1401 KINGSLEY AVE	
City & State ORANGE PARK, FL		City & State ORANGE PARK, FL	
Zip 32073	Country USA	Zip 32073	Country USA
4. FEI Number 59-3410616		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALTON, PETER O 3168 HIGHWAY 17 S ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1401 KINGSLEY AVE. City ORANGE PARK FL Zip Code 32073	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME DALTON, PETER O	TITLE P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4375 VENETIA BLVD	CITY-ST-ZIP JACKSONVILLE, FL 32210	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Peter Dalton</i>		Date: 3/31/04	Daytime Phone #: 904-269-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #