


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90026 004 ***150.00

DOCUMENT # P96000103563

1. Entity Name
REALTY AFFILIATES INCORPORATED



Principal Place of Business Mailing Address
 1679 INDIAN ROCKS RD., S. 1679 INDIAN ROCKS RD., S.
 LARGO, FL 33774 LARGO, FL 33774

94041001



2. Principal Place of Business 3. Mailing Address
12551 INDIAN ROCKS RD **12551 INDIAN ROCKS RD**
 State, Apt #, etc State, Apt #, etc
#14 **#14**

03292004 Chg-P CR2E034 (10/03)

City & State City & State
LARGO FL **Largo FL**
 Zip Country Zip Country
33774 USA **33774 USA**

4. FEI Number Applied For
59-3441453 Not Applicable

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

6. Name and Address of Current Registered Agent
GOLSON, WILLIAM
1230 S. MYRTLE AVE., STE. 105
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entry 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 _____
Registered typed or printed name of filer, and signature and title of filer (not filer) Registered Agent signature required when registering

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete
P	OATES, PATRICK T	1674 INDIAN ROCKS RD S	LARGO, FL 33774	<input checked="" type="checkbox"/>
P	OATES, DAVID J	1674 INDIAN ROCKS RD S	LARGO, FL 33774	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 file 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, when all are like or unworded.

SIGNATURE:  3/30/04 727 423206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #