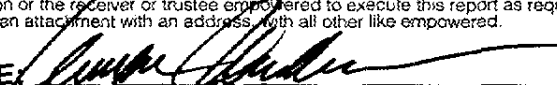


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000049725 1. Entity Name ENCORE REALTY INCORPORATED					
Principal Place of Business: 118 FLAMINGO DRIVE SUITE A APOLLO BEACH FL 33572			Mailing Address: 118 FLAMINGO DRIVE SUITE A APOLLO BEACH FL 33572		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite Apt #, etc			
City & State		City & State		4. FEI Number 59-3320195	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, CAROL D 108 FLAMINGO DRIVE SUITE A APOLLO BEACH FL 33572				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 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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, CAROL D 1018 SILVER PALM WAY APOLLO BEACH FL 33752	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSEN, WAYNE J 1018 SILVER PALM WAY APOLLO BEACH FL 33752	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			U000000068428 02/27/04-80040-025 150.00		
SIGNATURE 			2/25/04 813-641-0609		