

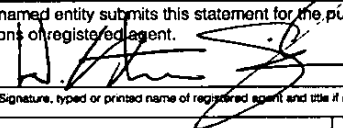
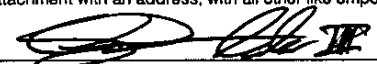


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90082 008 ***150.00

DOCUMENT # P97000053613 1. Entity Name NORTH FLORIDA REALTY GROUP, INC.					
Principal Place of Business 4442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080				Mailing Address 4442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080	
2. Principal Place of Business 2225 A1A South Suite, Apt. #, etc. Suite C-8		3. Mailing Address P.O. Box 840100 Suite, Apt. #, etc.			
City & State St Augustine, Florida Zip 32080 Country USA		City & State St Augustine, Florida Zip 32080 Country USA		4. FEI Number 59-3464072 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BRUSH, JOAN M 442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name W. Steve Sykes Street Address (P.O. Box Number is Not Acceptable) 2225 A1A South, Suite C-8 City St. Augustine FL Zip Code 32080	
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:  W. STEVE SYKES 4-12-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D COLE, SCOTT III 442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cole, Scott III P.O. Box 840100 St. Augustine, FL 32080	<input checked="" 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:  Scott Cole III <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-12-05 Daytime Phone # (904) 481-5505		