


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90029 006 \*\*\*150.00

DOCUMENT # P97000106735	
1. Entity Name LONG REAL ESTATE SERVICES, INC.	

Principal Place of Business 11232 ST. JOHNS INDUSTRIAL PKWY. N. JACKSONVILLE, FL 32246	Mailing Address 2348 THE WOOD DRIVE EAST JACKSONVILLE, FL 32246
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94059696

2. Principal Place of Business 13341 Atlantic Blvd. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04142004 Chg-P CR2E034 (10/03)

City & State JACKSONVILLE, Florida	City & State
Zip 32225	Country USA

4. FEI Number 59-3486813	Applied For Not Applicable
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6. Name and Address of Current Registered Agent LONG, MAX 2348 THE WOODS DR. EAST JACKSONVILLE, FL 32246	
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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 <u>Max S. Long Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Max S. Long Jr.</u> <small>(NOTE: Registered Agent signature required when resigning)</small>
	<u>April 19, 2004</u> <small>DATE</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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, MAX 2348 THE WOOD DRIVE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: <u>Max S. Long Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Max. S. Long, Jr.</u> <u>4-19-04</u> <u>904 221-1213</u> <small>Date Daytime Phone #</small>