## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000038994**

1. Entity Name

THE LITTLE REAL ESTATE MAGAZINE, INC.



Principal Place of Business

1020 W EAU GALLIE BLVD

SUITE I

MELBOURNE, FL 32935 US

Mailing Address

1020 W EAU GALLIE BLVD

SUITE !

DO NOT WRITE IN THIS SPACE

MELBOURNE, FL 32935 US



**FILED** 

Mar 18, 2004 08:00 AM Secretary of State

01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3526082

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUST, DONALD E 1020 W. EAU GALLIE BLVD., SUITE I MELBOURNE, FL 32935

## DO NOT WRITE IN THIS SPACE

| 3. 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_   | Signature, typed or printed name of registered agent and title   | f applicable. (NOTE: Registere   | d Agent signature                              | (pritatenies nefw beimper s   | DATE   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.   |  |  |  | \$5.00 May Be<br>Added to Fees  |  | x .  |
| 10.  | OFFICERS AND DIREC   | CTORS  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>GUST, DONALD E<br>430 12TH AVE<br>INDIALANTIC, FL 32903   |  |  | ·   | U000000091817  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP   |  |  | <u>.</u>                                       | <b>ម</b>  | 3/18/04-80024-002 150.00   | :  |
| TITLE NAME STREET ADDRESS CITY-ST-TIP  | ·  |  |  | DO  | NOT WRITE  |  |
| RITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  | IN  | THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  |  |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |   |  | -  |
| 12. I hereby a indicated of the core changed   | certify that the information supplied with this fill on this report or supplemental report is true reporation or the receiver or trustee empowere, or on an attachment with an address, with a | iling does not qualify for the exe<br>and accurate and that my signa<br>d to execute this report as requ<br>il other like empowered. | emption state<br>ture shall ha<br>ired by Char | ed in Section 119.07(3<br>we the same legal effecter 607, Florida Statu | )(I), Florida Statutes, I further certify that the soft as if made under oath; that I am an office tes; and that my name appears in Block 10 o | information<br>r or director<br>or Block 11 if |