## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000060006

FILED May 04, 2004 Secretary of State

Entity Name: REALTORS CHOICE FINANCIAL INCORPORATED

| LINITY Name. REALTORS CHOICE FINANCIAL INCORPORATED    |   |  |   |  |  |
|--|---|--|---|--|--|
| Current Principal Place of Business:                   |   |  | New Principal Place of                        | New Principal Place of Business:             |  |
| 5412 WIND<br>TAMPA, FL                                 | BRUSH DR<br>33625                                       |  |   |  |  |
| Current Mailing Address:                               |   |  | New Mailing Address:                          | New Mailing Address:                         |  |
| 5412 WIND<br>TAMPA, FL                                 | BRUSH DR<br>33625                                       |  |   |  |  |
| FEI Number:  | 59-3528144  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:          |   |  | Name and Address of I                         | Name and Address of New Registered Agent:    |  |
| DUNLAP, ELIZABETH A 5412 WIND BRUSH DR TAMPA, FL 33625 |   |  |   |  |  |
| The above in the State                                 | named entity s<br>of Florida.                           | ubmits this statement for the p                                      | ourpose of changing its registered o          | office or registered agent, or both,         |  |
| SIGNATURE:   |   |  |   |  |  |
| Electronic Signature of Registered Agent Date          |   |  |   |  |  |
|  |   | (2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ). | t receive the prior notice.                   |  |  |
| OFFICERS AND DIRECTORS:                                |   |  | ADDITIONS/CHANGES                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:            | P ()<br>DUNLAP, ELIZA<br>5412 WINDBRIS<br>TAMPA, FL 336 | SH DR  | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                          |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A DUNLAP PRES 05/04/2004