

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000083623**

1. Entity Name  
**SEWALLS POINT REAL ESTATE GROUP, INC.**



Principal Place of Business  
**4237 RIGEL'S COVE WAY  
 JENSEN BEACH, FL 34957**

Mailing Address  
**4237 RIGEL'S COVE WAY  
 JENSEN BEACH, FL 34957**

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3543039**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUNDSTROM, DANIEL J  
 4237 RIGEL COVE WAY  
 JENSEN BEACH, FL 34957**

**DO NOT WRITE IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

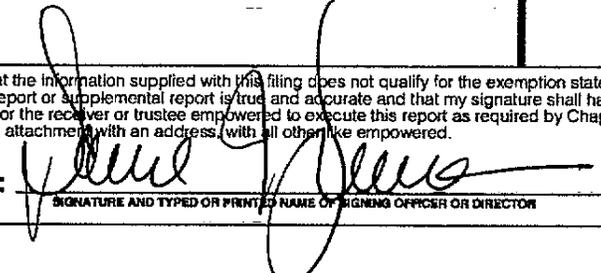
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS LUNDSTROM, DANIEL J 4237 RIGEL'S COVE WAY JENSEN BEACH, FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUNDSTROM, DANIEL J 4237 RIGEL'S COVE WAY JENSEN BEACH, FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000248869  
 03/02/05-80042-025 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **2-18-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #