## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900031512

1. Entity Name
STRATEGIC REALTY CONCEPTS, INC.

Principal Place of Business 5051 COSTELLO DRIVE #246 NAPLES, FL 34103

SIGNATURE:

Mailing Address

5051 COSTELLO DRIVE #246 NAPLES, FL 34103

## FILED Apr 20, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applicable
100 7 07
lied For
1

5. Certificate of Status Desired

04042004

\$8.75 Additional Fee Required

Daytime Phone #

CR2E034 (10/03)

KILLILEA, KEVIN J 5051 COSTELLO DRIVE #246 NAPLES, FL 34103

## DO NOT WRITE IN THIS SPACE

No Chg-P

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							
Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees		·	
10.	OFFICERS AND DIREC	CTORS			CONTRACTOR	a mangawa na na ini i	
TILE NAME STREET ADDRESS STY-ST-ZP	PVST KILLILEA, KEVIN J 5051 COSTELLO DRIVE #246 NAPLES, FL 34103						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					. U00000121674 U472U7U4 <del>-8</del> UU62-U	16 150.00	
Table Name Street address City-St-Zip	_			DO	NOT WRITE		
HILE NAME STREET ADDRESS ONY-ST-ZIP			,				
HTLE NAME STREET ADDRESS OTY-ST-ZIP							
HTLE NAME STREET ADDRESS CITY-ST-ZIP					• • •		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 employered 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 grincallike explowered.							

uéred. Kevin J. Killifan - President

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR