

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90319 025 ***150.00

DOCUMENT # P99000044900

1. Entity Name
REALNET OF WEST FLORIDA, INC.



Principal Place of Business
**3917 W KENNEDY BLVD
TAMPA, FL 33609**

Mailing Address *→(spelling)*
**1249 N. ORAGNE AVE
ORLANDO, FL 32804**



2. Principal Place of Business

3. Mailing Address
1249 N. ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State

City & State
ORLANDO, FL

4. FEI Number
59-3577996

Applied For
Not Applicable

Zip

Country

Zip

Country

32804

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, BARBARA
1249 NO. ORANGE AVE.
ORLANDO, FL 32804**

Name
MICHELLE QUATRALE

Street Address (P.O. Box Number is Not Acceptable)

1249 N. ORANGE AVE

City
ORLANDO

FL

Zip Code
32804

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 *Malgonahale*

DATE
4/26/04

Signature, typed or printed name of registered agent and title 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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARRETT, JOHN E
1249 NO. ORANGE AVE.
ORLANDO, FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
VANDERWEL, GREG
3917 W. KENEDY BLVD → type - o
TAMPA, FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, D, S
VANDER WEL GREG
3917 W. KENNEDY BLVD.
TAMPA, FL 33609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ 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: *John E. Parrett* **JOHN E. PARRETT** **4/26/04** **407-422-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #