## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P99000048929** D & N REALTY, INC. Principal Place of Business Mailing Address 5570 KORBIN AVE 5570 KORBIN AVE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 US 04092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0934129 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GALASSO, DANIEL JR. DO NOT WRITE 1331 HAVRE ST N.W. IN THIS SPACE PALM BAY, FL 32907 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GALASSO, DANIEL JR. NAME STREET ADDRESS 1331 HAVRE STREET N.W. U00000129514 CITY-ST-ZIP PALM BAY, FL 32907 04/26/04-80081-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED** 

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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