2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000049758 1. Entity Name PRESIDIO REALTY, INC. Principal Place of Business Mailing Address PO BOX 794 1301 10 STREET EAST STE B ELLENTON, FL 34222 PALMETTO, FL 34221 CR2E034 (10/03) 01052004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0943792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WEAR, JOE T JR 1301 10 STREET EAST STE B PALMETTO, FL 34221 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WEAR, JOE T JR NAME STREET ADDRESS 1301 10 STREET EAST STE B PALMETTO, FL 34221 CITY-SI ZIP 000000001705 01/12/04-80022-002 158,75 n THILE WEAR, VIVIEN NAME STREET ADDRESS 1301 10 STREET EAST STE B PALMETTO, FL 34221 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BRE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I turther 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.

SIGNATURÉ:

TATLE
NAME
STREET ADDRESS
CITY ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 Date

FILED

Jan 09, 2004 08:00 AM

(941) 721-7215 Daylisne Phone #