


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91052 012 ***158.75

DOCUMENT # P99000052898 1. Entity Name FORTRESS REALTY, INC.					
Principal Place of Business 4100 CORPORATE SQUARE SUITE 129 NAPLES, FL 34104			Mailing Address 4100 CORPORATE SQUARE SUITE 129 NAPLES, FL 34104		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6310 Star Grass Ln. Suite, Apt. #, etc.			
City & State _____		City & State Naples, FL		4. FEI Number 59-3579735	
Zip 34116		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORREST, KELLEY 6310 STAR GRASS LANE NAPLES, FL 34116				7. Name and Address of New Registered Agent Name Kelley Alzamora Street Address (P.O. Box Number is Not Acceptable) 6310 Star Grass Lane City Naples FL 34116	
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 <u><i>Kelley Alzamora</i></u> <u><i>Kelley Alzamora</i></u> <u><i>4/16/04</i></u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 EHRIE, MARGARET 4100 CORPORATE SQUARE, SUITE 129 NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS FOREST, KELLEY 6910 STAR GRASS LANE NAPLES, FL 34116	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u><i>Kelley Alzamora</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>4/16/04</i></u> <u><i>239-352-4040</i></u> <small>Date Daytime Phone</small>	