
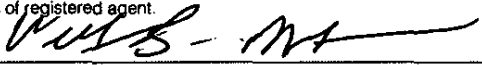
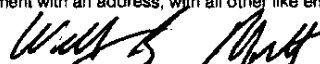


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90003 044 \*\*\*150.00

<b>DOCUMENT # P99000053266</b> 1. Entity Name <b>REAL ESTATE &amp; MANAGEMENT GROUP, INC.</b>					
Principal Place of Business <b>800 EIGHTH STREET VERO BEACH, FL 32960</b>			Mailing Address <b>800 EIGHTH STREET VERO BEACH, FL 32960</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>800 Eighth Street</b> Suite, Apt. #, etc.		
City & State			City & State <b>Vero Beach, Florida</b>		
Zip <b>32962</b>		Country <b>USA</b>		4. FEI Number <b>65-0568116</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MILLS, WILLIAM B 760 8TH COURT SUITE 5 VERO BEACH, FL 32961</b>				7. Name and Address of New Registered Agent Name <b>William B. Mills</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 8th Street</b> City <b>Vero Beach</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				02-24-04 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, WILLIAM B 800 EIGHTH STREET VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William B. Mills 800 Eighth Street Vero Beach, FL 32962
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				02-24-04 <small>DATE</small>	
<small>Daytime Phone #</small>				<small>Daytime Phone #</small>	

54014257



01232004 Chg-P CR2E034 (10/03)