2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000061178

PACESETTER REALTY, INC.

Principal Place of Business

Entity Name

2019 CENTRE POINTE BLVD

SUITE 101 TALLAHASSEE, FL 32308 Mailing Address

2019 CENTRE POINTE BLVD SUITE 101

TALLAHASSEE, FL 32308

FILED Apr 20, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3589379

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTTICE, JOHN P 2019 CENTRE POINTE BLVD SUITE 101 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

	·				
8. The above the obligat	named entity submits this statement for the paions of registered agent.	urpose of changing its re	egistered office or re	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	epplicable (NOTE	Registered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
10.	OFFICERS AND DIREC	TORS			'
THE NAME STREET ADDRESS GIFY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP	D MOTTICE, JOHN P 2019 CENTRE POINTE BLVD SUITE TALLAHASSEE, FL 32308 DPTS MOTTICE, H J 2019 CENTRE POINTE BLVD SUITE TALLAHASSEE, FL 32308				04720704-88063-022 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
HREE NAME STREET ADDRESS CITY - ST - ZIP				IN -	THIS SPACE

12. I hereby certify that the information supplied with this lifting does not qualify for the exemption stated in Section 119.07(3)(f). 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:

31111.6 NAME STREET ADDRESS CITY - ST - ZIP TRLE NAME STREET ADDRESS CHY-ST-78

Director

850-386-2117

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR