2004 FOR PROFIT CORPORATION

nent with an address, with all other like empowered.

ANNUAL REPORT (AR) Apr 29, 2004 8:00 am DOCUMENT # P99000070363 **Secretary of State** 1. Entity Name 04-29-2004 90303 025 ***150.00 FIRST REALTY, A REAL ESTATE OPPORTUNITY GROUP, INC. Principal Place of Business Mailing Address 4457 JACKSON ST. 4457 JACKSON ST. MARIANNA FL 32448 MARIANNA FL 32448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3592183 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUERINO, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1981 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308 2858 Kemington Dreen Ci 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE TITLE ☐ Delete TAYLOR-BRYAN, JANET NAME NAME STREET ADDRESS STREET ADDRESS 4457 JACKSON ST. CITY-ST-ZIP MARIANNA FL 32448 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE 2858 Reminster Dreen Cir. Tallohansee, Rl. 52308 GUERINO, JAMES R NAME NAME STREET ADDRESS 6964 AZUSA ROAD STREET ADDRESS TALLAHASSEE FL 92917-CITY-ST-ZIP CITY-ST-7IP TITLE Addition ☐ Delete TITLE PHAME YATES: REPICHARD NAME 2858 Reminster Theen Ch STREET ADDRESS STREET ADDRESS 1991 CAPITAL CIRCLE NE CITY-ST-ZIP CiTY-ST-7IP TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

GUCRINO 4/26

FILED