

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000075593

1. Entity Name
J. DONALD GARVEY REALTY SERVICES, INC.



Principal Place of Business
3800 SO TAMiami TRAIL
SUITE 208
SARASOTA, FL 34239

Mailing Address
1660 BAYWINDS LANE
SARASOTA, FL 34231

FILED
Apr 15, 2004 08:00 AM
Secretary of State



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3598390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VORBECK, CHRIS M
1801 GLENGARY STREET
SARASOTA, FL 34231

DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000113898

04715/04-80027-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVPS
GARVEY, J. DONALD
1660 BAYWINDS LANE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #