

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90195 008 ***150.00

DOCUMENT # P99000077515
 1. Entity Name
PACIFIC VENTURES REALTY COMPANY



Principal Place of Business: **1243 N. HARBOR CITY BLVD., STE C MELBOURNE, FL 32935**
 Mailing Address: **P.O. BOX 33275 INDIALANTIC, FL 32903**

50036743



2. Principal Place of Business: Suite, Apt. #, etc. **Suite A**
 3. Mailing Address: Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State: **Melbourne FL**
 Zip: **32935**

4. FEI Number: **59-3598556**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MONTGOMERY, MICHAEL S
358 WEST COMSTOCK AVE.
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **1243 N. Harbor City Blvd.**
 Suite **A**
 City: **Melbourne** FL Zip Code: **32935**

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]* **President** DATE: **4/6/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input type="checkbox"/> Delete MONTGOMERY, MICHAEL S 1243 N. HARBOR CITY BLVD., STE C MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1243 N. Harbor City Blvd. Suite A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Michael S. Montgomery** DATE: **4/6/05** Daytime Phone #: **321-751-9991**