


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000099088 1. Entity Name GET REAL HOLDING CORPORATION	
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Principal Place of Business P.O. BOX 16836 SAINT PETERSBURG, FL 33733 US	Mailing Address P. O. BOX 16836 ST. PETERSBURG, FL 33733
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3608739	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MYERS, JOSEPH A CPA
2209 TALL PINES DR
LARGO, FL 33771-3881**

**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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, KIM P.O. BOX 16642 SAINT PETERSBURG, FL 33733
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07/16/04-80001-020 158.75

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 persons empowered.

SIGNATURE: *Kim Bass, Director 7/13/04 727-434-1857*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #