


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S03842 1. Entity Name GOOLSBY REALTY CO.	
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Principal Place of Business 4251 HIGHWAY 441, SOUTH OKEECHOBEE, FL 34974	Mailing Address 4251 HIGHWAY 441, SOUTH OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOOLSBY, PATRICIA L 4251 HIGHWAY 441 SOUTH OKEECHOBEE, FL 34974	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000056263 02/19/04-80012-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOOLSBY, PATRICIA L 1881 SE 24TH BLVD. OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOOLSBY, PATRICIA L. 1881 SE 24TH BLVD. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOOLSBY, PATRICIA L. 1881 SE 24TH BLVD. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: PATRICIA L. GOOLSBY
Patricia L. Goolsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 863-763-5388
Date Daytime Phone #