


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # S04427 1. Entity Name THE REALTY GROUP, INC.	
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Principal Place of Business 9471 BAYMEADOWS RD SUITE 403 JACKSONVILLE, FL 32256	Mailing Address 9471 BAYMEADOWS RD SUITE 403 JACKSONVILLE, FL 32256
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02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3031935	Applied For <input type="checkbox"/> 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

**ATKERSON, CHRISTIE A.
9471 BAYMEADOWS RD SUITE 403
JACKSONVILLE, FL 32256**

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 _____ (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

000000069246
03/01/04-80009-007 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ATKERSON, CHARLES F JR 9471 BAYMEADOWS RD #403 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATKERSON, CHISTIE A 9471 BAYMEADOWS RD #403 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAIG, ROBERT A. 9471 BAYMEADOW RD STE 403 JACKSONVILLE, 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 19.07(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:  **Charles F. Atkinson** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/26/04** Daytime Phone # **904-739-2202**