


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90059 004 ***158.75

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| DOCUMENT # S09626 |  |
| 1. Entity Name ALL AMERICA REALTY OF GAINESVILLE, INC. | |

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| Principal Place of Business 4020 NEWBERRY RD STE 800 GAINESVILLE, FL 32607 | Mailing Address 818 SW 105TH TERR GAINESVILLE, FL 32607 |
|--|---|

34014041

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| 2. Principal Place of Business 13840 W Newberry Road | 3. Mailing Address 923 SW 104th Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



02052004 Chg-P CR2E034 (10/03)

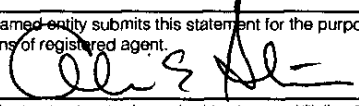
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| City & State Gainesville, FL | City & State Gainesville, FL |
| Zip 32609 | Country USA |
| Zip 32607 | Country USA |

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| 4. FEI Number 59-3036476 | 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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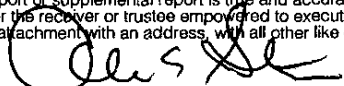
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| 6. Name and Address of Current Registered Agent | |
| STINE, ALLEN E. 4020 NEWBERRY RD STE 800 SUITE D-3 GAINESVILLE, FL 32607 | |

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|--|--------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 13840 W Newberry Road | |
| City Gainesville, FL | Zip Code 32609 |

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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  | Allen E. Stine | 1-6-04 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STINE, ALLEN E. 3312 WEST UNIVERSITY AVE GAINESVILLE, FL <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | Allen E. Stine | 1-6-04 | 352-333-7252 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |