2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S16922

1. Entity Name
VICTORIA EQUITIES REALTY AND MANAGEMENT CO.



FILED Mar 05, 2004 08:00 AM Secretary of State

Principal Place of Business 912 N HIGHLAND AVE ORLANDO, FL 32803 Mailing Address 912 N HIGHLAND AVE ORLANDO, FL 32803

02252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3040317 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICH, A. WAYNE 912 N HIGHLAND AVE ORLANDO, FL 32803

SIGNATURE:

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	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	sing :	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			A CONTRACTOR OF THE CONTRACTOR		
BITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, ANTHONY C 912 N HIGHLAND AVE ORLANDO, FL				######################################		
THTLE NAME STREET ADDRESS CHTY-ST-ZIP					2001 00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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.							

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR