2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # V54483

SCHWARZ REALTY GROUP, INC.



Principal Place of Business

457 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

Mailing Address

457 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114

FILED Apr 26, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 59-3136325 Not Applicable \$8.75 Additional П

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SCHWARZ, EDWARD L 457 SOUTH RIDGEWOOD AVE. DAYTONA BEACH, FL 32114

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8.	8. The above named entity submits this statement for the purpose of	changing its registered office or registered age	ent, or both, in the State of Florida.	I am familiar with, and a	cept
	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)

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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.

\$5.00 May Be Added to Fees

U00000123922 04/26/04-80097-016 150.00

OFFICERS AND DIRECTORS 10. TITLE SCHWARZ, EDWARD L. NAME STREET ADDRESS 457 SOUTH RIDGEWOOD AVE. DAYTONA BEACH, FL CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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:

SONING OFFICER OR DIRECTOR