## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 09, 2004 08:00 AM **DOCUMENT # V62993 Secretary of State** 1. Entity Name FOLKS REALTY, INC. Principal Place of Business Mailing Address PO DRAWER F PO DRAWER F CARRABELLE, FL 32322 CARRABELLE, FL 32322 TO THE REPORT OF THE PROPERTY The second secon The state of the s 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3141172 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FOLKS, KAREN DO NOT WRITE 1000 E US 98 CARRABELLE, FL 32322 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 trib if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. त्रम् । राजानुष्यम् रामा पर्यम् । सहाराष्ट्रमा । राजा । या वा वा वा स्थानस्था सह स्थानम् । **PVST** TITLE FOLKS, KAREN HAME STREET ADDRESS 1000 E. U.S. 98 00.00000000050 01.009.004-80022-009 150.00 CITY-ST-ZIP CARRABELLE, FL 32322 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS a de la composição de la composiç CITY-ST-ZIP TITLE NAME ्या ए । या प्राराज्य के प्रतिकारी पर शिक्ष के वृद्धिया । असी व्यक्ति का क्रिकेक क्रिकेक क्रिकेक विदेश STREET ADDRESS and the second s CHY-51-782 ัก เชื้อเรียก ( ...) คีรการใน เซลต์เห็นที่ เหมือนี้กัน ( เพาะ<del>ส์เล</del>กการการที่สามารถที่สามาสมัยเรียกที่สิตเกลี่ THE NAME STREET ADDRESS 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

OFFICER OR DIRECTOR

**FILED**