

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001815

FILED
Feb 05, 2004
Secretary of State

Entity Name: REALTY EQUITY PARTNERS, INC.

Current Principal Place of Business:

% COHASSET CAPITAL
111 POND ST.
COHASSET, MA 02025

New Principal Place of Business:

Current Mailing Address:

% COHASSET CAPITAL
111 POND ST.
COHASSET, MA 02025

New Mailing Address:

FEI Number: 04-3218518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADIGAN, TERRELL C
206 S. ADAMS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MCKENNA, JOY VP
104 CRANDON BLVD
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: JOY MCKENNA 02/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FOWNES, RICHARD G
Address: 111 POND ST.
City-St-Zip: COHASSET, MA 02025

Title: TD () Delete
Name: WILSON, GRANT M
Address: 111 POND ST.
City-St-Zip: COHASSET, MA 02025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRANT M WILSON TREA 02/05/2004

Electronic Signature of Signing Officer or Director Date