


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 241124
 1. Entity Name
GENERAL REALTY & INVESTMENT CO., INC.



Principal Place of Business Mailing Address
3 CABOT ROAD **3 CABOT ROAD**
ANDOVER MA 01810-1701 **ANDOVER MA 01810-1701**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

WOOTEN, MARION M
5020 BAYSHORE BLVD #105
SUITE 105
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROUNTREE, CARTER W	
STREET ADDRESS	3 CABOT ROAD	
CITY-ST-ZIP	ANDOVER MA 01810-1701	
TITLE	C	<input type="checkbox"/> Delete
NAME	WOOTEN, MARION M	
STREET ADDRESS	5020 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOOTEN, FRANK M	
STREET ADDRESS	1970 COMMONWEALTH AVE #14	
CITY-ST-ZIP	BRIGHTON MA 02135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOTEN III, SIMEON F	
STREET ADDRESS	196 WEST LAKE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOTEN, E CURRAN	
STREET ADDRESS	196 WEST LAKE DR	
CITY-ST-ZIP	ANNAPOLIS MD 21403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Carter W Rountree 2/18/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #