2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 25, 2006 08:00 AM **Secretary of State** DOCUMENT # F71426 1. Entity Name GARY THURMAN REALTY, INC. Principal Place of Business Mailing Address 1333-A MAIN STREET CHIPLEY FL 32428 P.O. BOX 171 CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2166026 Not Applicate Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THURMAN, GARY B Street Address (F.O. Box Number is Not Acceptable) 1333-A MAIN STREET CHIPLEY FL 32428 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Repistered Agent signature matured when reinstaling) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. KILE □ Delete TITLE Addition NAME THURMAN, B. GARY MAME noooooaddagaga STREET ADDRESS 1333A MAIN STREET STREET ADDRESS City-St-ZiP CHIPLEY FL 32428 CITY-ST-ZIP 150.00 TITLE Delete TITLE Change ☐ Addillion NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-71P C17Y-ST-21P TITLE ☐ Delete 11715 ☐ Chenge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TALE ☐ Change ☐ Addition MAME **TMAKE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-702 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete MILE ☐ Change Addition 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 by 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 six other like empowered.

SIGNATURI

FILED