


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90019 010 ***150.00

DOCUMENT # L06269

1. Entity Name
KILLEARN BROKERS REALTY, INC.



Principal Place of Business
2121-B KILLARNEY WAY
TALLAHASSEE, FL 32309 US

Mailing Address
2121-B KILLARNEY WAY
TALLAHASSEE, FL 32309 US

2. Principal Place of Business

3. Mailing Address

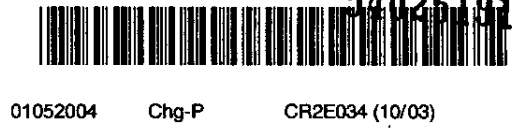
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

ATWELL, JENNIFER
2320 MEATH DRIVE
TALLAHASSEE, FL 32309



4. FEI Number
59-2972851

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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: *Jennifer Atwell* DATE: **4-1-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, GERALDINE C.	
STREET ADDRESS	3518 LIMERICK DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	DAVIS, DIANNE D.	
STREET ADDRESS	2202 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	BS	<input type="checkbox"/> Delete
NAME	HELM, NANCY H	
STREET ADDRESS	2301 KILKENNEY WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	PB	<input type="checkbox"/> Delete
NAME	DRAKE, BETTE H.	
STREET ADDRESS	3735 SWALLOWTAIL TRACE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	T	<input type="checkbox"/> Delete
NAME	ATWELL, JENNIFER	
STREET ADDRESS	2320 MEATHE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Dianne D.	
STREET ADDRESS	2202 Killarney Way	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helm, Nancy H.	
STREET ADDRESS	2301 Kilkenney Way	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drake, Bette H.	
STREET ADDRESS	3735 Swallowtail Trace	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Atwell, Jennifer	
STREET ADDRESS	2320 Meathe Dr.	
CITY-ST-ZIP	Tallahassee, FL:32309	
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: *Jennifer Atwell* DATE: **4-1-04** DAYTIME PHONE #: **850 933-8872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
 Doc. # 606269
 54025791

OFFICERS AND DIRECTORS		CHANGES/ADDITIONS to OFFICERS & DIRECTORS	
Title	S	Title	VP X iChange iAddition
Name	Bryars, Patricia	Name	Bryars, Patricia
Address	2547 Arendell Way	Address	2547 Arendell Way
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32309
Title	D	Title	DELETE
Name	Chapman, Cora Ann	Name	
Address	1567 Groveland Hills Dr.	Address	
City/St/Zip	Tallahassee, FL 32311	City/St/Zip	
Title	D 1st 6mos/S 2nd 6mos	Title	S X iChange iAddition
Name	Hock, Abigail W.	Name	Hock, Abigail W.
Address	4044 McLaughlin Drive	Address	4044 McLaughlin Drive
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32309
Title	D 1st 6mos/T 2nd 6mos	Title	B XiChange iAddition
Name	Cartee, Sherrie	Name	Cartee, Sherrie
Address	6719 Tim Tam Trail	Address	3207 Shamrock E #27
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	Tallahassee, FL 32309
Title		Title	iChange iAddition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	iChange iAddition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	iChange iAddition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	iChange iAddition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	
Title		Title	iChange iAddition
Name		Name	
Address		Address	
City/St/Zip		City/St/Zip	