


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90253 047 ***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.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ATWELL, JENNIFER 2320 MEATH DRIVE TALLAHASSEE, FL 32309				Name ATWELL, JENNIFER	
				Street Address (P.O. Box Number is Not Acceptable) 4048 BRANDON HILL DRIVE	
				TALLAHASSEE	
				City TALLAHASSEE FL Zip Code 32309	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, GERALDINE C.		NAME		
STREET ADDRESS	3518 LIMERICK DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DIANNE D.		NAME	DAVIS, DIANNE D.	
STREET ADDRESS	2202 KILLARNEY WAY		STREET ADDRESS	2202 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELM, NANCY H		NAME		
STREET ADDRESS	2301 KILKENNEY WAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, BETTE H.		NAME	DRAKE, BETTE H.	
STREET ADDRESS	3735 SWALLOWTAIL TRACE		STREET ADDRESS	3735 SWALLOWTAIL TRACE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWELL, JENNIFER		NAME	ATWELL, JENNIFER	
STREET ADDRESS	2320 MEATH DR.		STREET ADDRESS	4048 BRANDON HILL DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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: <i>Gail Hock</i>			Gail Hock		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/20/05		
			Daytime Phone #		

50041704



04192005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2972851 Applied For Not Applicable

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

(Gail)

ATTACHMENT

L 06269

OFFICERS AND DIRECTORS		CHANGES/ADDITIONS to OFFICERS & DIRECTOR	
Title	VP	Title	P X Change Addition
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	S	Title	B X Change Addition
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	T	Title	D X Change Addition
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	