

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90012 020 ***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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2972851 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

ATWELL, JENNIFER
4048 BRANDON HILL DRIVE
TALLAHASSEE, FL 32309

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, GERALDINE C. 3518 LIMERICK DR. TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DIANNE D. 2202 KILLARNEY WAY TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELM, NANCY H 2301 KILKENNY WY TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, BETTE H 3735 SWALLOWTAIL TRACE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B ATWELL, JENNIFER 4048 BRANDON HILL DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, DIANNE D. 2202 KILLARNEY WAY TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, NANCY H. 2301 KILKENNY WY TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B DRAKE, BETTE H 3735 SWALLOWTAIL TRACE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWELL, JENNIFER 4048 BRANDON HILL DR TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____ **3/21/07** **850-933-8872**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40040057
#L 06269

OFFICERS AND DIRECTORS		CHANGES/ADDITIONS to OFFICERS & DIRECTORS	
Title	D	Title	Change Addition
Name	Bryars, Patricia	Name	
Address	2547 Arendell Way	Address	
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	
Title	S	Title	Change Addition
Name	Hock, Abigail W.	Name	
Address	4044 McLaughlin Drive	Address	
City/St/Zip	Tallahassee, FL 32308	City/St/Zip	
Title	VP	Title	P X Change Addition
Name	Cartee, Sherrie	Name	Cartee, Sherrie
Address	3207 Shamrock E #27	Address	3207 Shamrock E #27
City/St/Zip	Tallahassee, FL 32309	City/St/Zip	Tallahassee, FL 32309