2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90055 024 ***150.00

DOCUMENT # L79632

1. Entity Name

AMERICAN-EUROPE REALTY, INC.

Principal Place of Business	Mailing Address
205 N. COLLIER BLVD. SUITE 225 MARCO ISLAND FL 34145 US	205 N. COLLIER BLVD. SUITE 225 MARCO ISLAND FL 34145 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
827 BANYAN Court	P.O Box 2229
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARCO ISLAND, FL	City & State: MARCO ISLAND, FL
Zip: 34145 Country: COLLIER	Zip: 34146 Country: COLLIER

4. FEI Number 65-0198430 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GENTRY, TRAUTE
827 BANYAN COURT
MARCO ISLAND FL 34145

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GENTRY, TRAUTE		NAME	
STREET ADDRESS	827 BANYON COURT		STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ 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.

X **SIGNATURE:** Traute Gentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #