## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2007 08:00 AM DOCUMENT # L79632 Secretary of State AMERICAN-EUROPE REALTY, INC. Mailing Address Principal Place of Business PO BOX 2229 827 BANYAN COURT MARCO ISLAND FL 34146 MARCO ISLAND FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. CR2E034 (10/06) Suite, Apt. #, etc. 1st MOORE Applied For City & State 4. FEI Number City & State 65-0198430 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name, and Address of Current Registered Agent GENTRY, TRAUTE Street Address (P.O. Box Number is Not Acceptable) **827 BANYAN COURT** MARCO ISLAND FL 34145 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 it applicable. (NQTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be , After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTS Change TITLE Delete TITLE ☐ Addition GENTRY, TRAUTE NAME NAME U00000625660 827 BANYON COURT STREET ADDRESS STREET ADDRESS 02/14/07-80084-021 150.00 MARCO ISLAND FL 34145 CITY-SI-ZIP CHY-SI-AP TITLE ☐ Change Addition TITLE Delete NAMI. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY S1-71P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete Change Addition MAME STREET ADDRESS STREE I ADDRESS CITY ST-ZIP CITY-ST-ZIP Change HHE ☐ Delete DHE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-71P 12. I horeby cortify 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 eath; 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.

**FILED**