## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 22, 2008 8:00 am DOCUMENT # P05000015197 **Secretary of State** 01-22-2008 90075 020 \*\*\*158.75 JUSTRIGHT REALTY COMPANY Principal Place of Business Mailing Address 6719 WINKLER RD STE, 114 6719 WINKLER RD STE. 114 FORT MYERS, FL 33919 FORT MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # \$ 5928 TARTON GARAMS CIRCLE 3. Mailing Address 6928 TARRON GARDENS CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc 01072008 CR2E034 (12/06) Cha-P ¥ 101 City & State Applied For City & State 4. FEI Number CAPE CORAL CASE CORAL 20-2248291 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 15 A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUZICKA, GERALD Street Address (P.O. Box Number is Not Acceptable) 5928 TARPON GARDENS CIRCLE # 101 CAPE CORAL, FL 33914 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D TITLE Delete TITLE ☐ Change ☐ Addition NAME RUZICKA, GERALD NAME STREET ADDRESS STREET ADDRESS 5928 TARPON GARDENS CIRCLE # 101 CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-ZIP VP/T TITLE ☐ Delete Change ☐ Addition NAME RUZICKA, GERALD NAME STREET ADDRESS 5928 TARPON GARDENS CIRCLE # 101 STREET ADDRESS CITY - ST- ZIP CAPE CORAL, FL 33914 CITY-ST-7IP TITLE s ☐ Delete TITLE ☐ Change ☐ Addition RUZICKA, GERALD STREET ADDRESS 5928 TARPON GARDENS CIRCLE # 101 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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

1-7-08

changed, or on an attachment with an address, with all other like empowered.

FILED