2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 14, 2008 08:00 AN **DOCUMENT # V45054** Secretary of State 1. Entity Name FRED TYRRELL REALTY, INC. Mailing Address Principal Place of Business 535 NE 36TH AVE. 535 NE 36TH AVE. OCALA, FL 34470 OCALA FL 34470 CR2E034 (11/05) 01102008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>59-3</u>130781 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MODROVSKY, MARY E. DO NOT WRITE 535 NE 36TH AVE. OCALA, FL 34470 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing PILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MODROVSKY, MARY E. STREET ADDRESS 535 NE 36TH AVE. U00000784054 01/16/08-80040-005 150.00 OCALA, FL 34470 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE MIE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE . . NAME

♥MARY E. MODROVSKY

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