2005 FOR-PROFIT CORPORATION ANNUAL REPORT

3

FILED
Apr 05, 2005 8:00 am
Secretary of State
03-09-2005 90031 003 ***150.00

DOCUMENT # 231219

1. Entity Name
TEEL & WATERS REAL ESTATE COMPANY INCORPORATED

Principal Place of Business	Mailing Address
499 N FERDON BLVD CRESTVIEW, FL 32536 US	499 N FERDON BLVD CRESTVIEW, FL 32536 US

66008683

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1438221
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TEEL, BILLY D
499 N FERDON BLVD.
CRESTVIEW, FL 32536

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CDS
NAME	TEEL, BILLY D
STREET ADDRESS	322 POWELL DR
CITY-ST-ZIP	CRESTVIEW, FL 0,
TITLE	PD
NAME	TEEL, BRUCE B
STREET ADDRESS	322 POWELL DR
CITY-ST-ZIP	CRESTVIEW, FL 0,
TITLE	AS
NAME	TEEL, JENNY R
STREET ADDRESS	499 N FERDON BLVD
CITY-ST-ZIP	CRESTVIEW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 3/4/05 (850)682-6156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #