2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 10, 2005 08:00 AM Secretary of State **DOCUMENT # 262819** 1. Entity Name ABC REALTY, INC. Principal Place of Business Mailing Address 2925 SANLAN RANCH DRIVE 2925 SANLAN RANCH DRIVE LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1026451 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLOWAY, JR. E. EDWARD Street Address (P.O. Box Number is Not Acceptable) 2925 SANLAN RANCH DRIVE LAKELAND FL 33813-1226 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 TNOTE Registered Agent signature required when teinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete गाःह Change ☐ Addition HOLLOWAY JR,E EDWARD U00000258807 NAME NAME 03/10/05-80059-004 150.00 STREET ADDRESS 2925 SANLAN RANCH DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP THE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLLOWAY, MARY ANN NAME STREET ADDRESS 2925 SANLAN RANCH DR. STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete Change Addition NAME HOLLOWAY, DAVID W STREET ADDRESS 215 IMPERIAL BLVD SUITE B-1 STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Changé ☐ Addition HOLLOWAY, LINDA A NAME NAME STREET ADDRESS 2925 SANLAN RANCH DRIVE STREET ADDRESS LAKELAND FL 33813 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7P THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP

3/8/05 863 - 665/60/ Date Dayring Phone #

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 attactionent with an address, with all other like empowered