2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 274825

1. Entity Name
PORT INGLIS REALTY, INC.

Principal Place of Business	Mailing Address
63 W RT 40 INGLIS, FL 34449 US	PO BOX DRAWER 489 INGLIS, FL 34449 US

03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1030338
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EILAND,ARCHIE G
63 WEST RT 40
INGLIS, FL 34449

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6. 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 Archie G. Eiland, President 3/4/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	EILAND,ARCHIE G
STREET ADDRESS	HUDSON ST.
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	SD
NAME	EILAND, MARTHA
STREET ADDRESS	HUDSON ST.
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	CARVER,AMY E.
STREET ADDRESS	8250 SE 143 STREET
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	LEEK, PATSY J
STREET ADDRESS	101 LORI STREET
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-60005-003 150.00

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

SIGNATURE: Archie G Eiland, President 3/4/06 352-447-2417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #