


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 281853						
1. Entity Name WISE REALTY COMPANY OF TALLAHASSEE						
Principal Place of Business 2508 NORTH MONROE ST TALLAHASSEE, FL 32303	Mailing Address 2508 NORTH MONROE ST TALLAHASSEE, FL 32303	 02282006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-1056628</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-1056628	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent JOHN R WISE 2508 N MONROE ST TALLAHASSEE, FL 32303		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	PD	<div style="font-family: monospace; font-size: 1.2em;">1100000472279</div> <div style="font-family: monospace; font-size: 1.2em;">03/29/06-80030-021 150.00</div> DO NOT WRITE IN THIS SPACE				
NAME	WISE, JOHN R					
STREET ADDRESS	2508 NORTH MONROE ST					
CITY-STATE-ZIP	TALLAHASSEE, FL 00000,					
TITLE	VDS					
NAME	WISE, JERALD A					
STREET ADDRESS	2508 NORTH MONROE ST					
CITY-STATE-ZIP	TALLAHASSEE, FL 00000,					
TITLE						
NAME						
STREET ADDRESS						
CITY-STATE-ZIP						
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TITLE						
NAME						
STREET ADDRESS						
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		3/14/2006 (850) 385-1166				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day/Time Phone #</small>				