2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AM **DOCUMENT # 368212 Secretary of State** DISCOUNT REAL ESTATE, INC. Principal Place of Business Mailing Address 215 MCDONALD ST 215 MCDONALD ST P.O. BOX 2297 LAKELAND FL 33806-9297 P.O. BOX 2297 LAKELAND FL 33806-9297 The second secon 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-1405741 Not Applicable Zip Country Zıp 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 BURT, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 215 MCDONALD ST LAKELAND FL 33806 City Zıp 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, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition ☐ Delete BURT, GEORGE R NAME NAME U00000622446 215 MCDONALD ST STREET ADDRESS STREET ADDRESS 02/13/07-80025-019 150.00 LAKELAND FL CITY-ST-ZIP CHY-ST-ZIP Delete TITLE Change Addition BURT, JEAN O. NAME 215 MCDONALD ST. STREET ADDRESS STRUCT ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP DV Change THE ☐ Delete TITLE Addition CONE, BEVERLY NAME 215 MCDONALD STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-7IP CITY+ST-ZIP TOTAL Delete TITLE ☐ Change Addition JANUTOLO, RUSSELL NAME NAME STRUET ADDRESS 215 MCDONALD STREET STREET ADDRESS LAKELAND FL 33803 City-St-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THLE Change ☐ Defete TITLE Addition NAME NAME. STRUET ADDRESS STREET ADDRESS CITY+SI-7IP CITY-ST-ZIP 12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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: Jean O. Burt, V. P. 2/2/07 863 688-2212