


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 368212
 1. Entity Name
DISCOUNT REAL ESTATE, INC.



Principal Place of Business Mailing Address
 215 MCDONALD ST 215 MCDONALD ST
 P.O. BOX 2297 P.O. BOX 2297
 LAKELAND, FL 33806-9297 LAKELAND, FL 33806-9297



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1405741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BURT, GEORGE R
215 MCDONALD ST
LAKELAND, FL 33806

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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, 2008 Fee will be \$550.00

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

U00000912348
 05/07/08-80077-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, GEORGE R 215 MCDONALD ST LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BURT, JEAN O. 215 MCDONALD ST. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONE, BEVERLY 215 MCDONALD STREET LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JANUTOLO, RUSSELL 215 MCDONALD STREET LAKELAND, FL 33803
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 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: _____ **4-17-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GEORGE R. BURT