


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90129 032 ***150.00

DOCUMENT # 425100 1. Entity Name GERMAINE & ASSOCIATES REALTY, INC.			
Principal Place of Business 1850 VICTORIA AVE. FORT MYERS FL 33901		Mailing Address 1850 VICTORIA AVE. FORT MYERS FL 33901	
2. Principal Place of Business 1361 COCONUT DR Suite, Apt. #, etc. FORT MYERS City & State FORT MYERS, FL Zip 33901 Country USA		3. Mailing Address 1361 COCONUT DR Suite, Apt. #, etc. City & State FORT MYERS, FL Zip 33901 Country USA	
4. FEI Number 59-1459735		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 GERMAINE, PAUL R 1850 VICTORIA AVE FT MYERS FL 33901		7. Name and Address of New Registered Agent Name GERMAINE, PAUL R. Street Address (P.O. Box Number is Not Acceptable) 1361 COCONUT DR City FORT MYERS FL Zip Code 33901	
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 <u><i>Paul R. Germaine</i></u> PAUL R. GERMAINE, PRESIDENT 4/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GERMAINE, PAUL 1850 VICTORIA AVE. FT. MYERS FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 reports 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: <u><i>Paul R. Germaine</i></u> PAUL R. GERMAINE, President 4/5/05 259-352-3681 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			