

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 446455

1. Entity Name
TRADERS REALTY, INC.



Principal Place of Business
1325 E. TENNESSEE ST.
TALLAHASSEE, FL 32308

Mailing Address
1325 E. TENNESSEE ST.
TALLAHASSEE, FL 32308

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P. CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1510920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, (RONALD A.)
1325 E. TENNESSEE ST.
TALLAHASSEE, FL

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

DATE
000000954402
07/11/08-80012-007 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, RONALD A 2019 LEE AVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, RONALD A 2019 LEE AVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, TRACEY J. 1634 SPRINGWOOD DR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, TRACEY J. 1634 SPRINGWOOD DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #