2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 08:00 AM **DOCUMENT # 470523 Secretary of State** 1. Entity Name STRATHMORE REALTY CORPORATION Principal Place of Business Mailing Address 4370 S TAMIAMI TRAIL 4370 S TAMIAMI TRAIL SUITE 242 SARASOTA FL 34230 SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1576036 Not Applicable Zio Country 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 Name PAVER, DIANA Street Address (P.O. Box Number is Not Acceptable) 4370 S TAMIAMI TRAIL SUITE 242 SARASOTA FL 34230 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150,00 Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. feft F ☐ Delete THEF Change NAME COLON, DORIS N NAME U00000200590 STREET ADDRESS 4370 S TAMIAMI STREET AUDHESS 01/28/05-80032-019 150.00 CHY ST-ZIP SARASOTA FL (117-SI-ZIP DPST 11111 ☐ Delete 11116 Change Addition NAME PAVER, PAUL L NAME STREET ADDRESS 4370 S TAMIAMI TRAIL SIFEL LADDRESS CITY-ST-ZIP SARASOTA, FL 00000 CHY-SI-ZIP IIILE ☐ Delete HILE ☐ Change ☐ Addition NAME PAVER, DIANA STREET ADDRESS 4370 S TAMIAMI TRAIL STREET ADDRESS CHY-SI-/# SARASOTA FL 34230 CHY-ST-ZIP 11116 Delete Trill F Change Addition Addition NAME SERVET ADDRESS SIRRETADORESS CHY-ST ZIP CHY-SI-792 Hillis ☐ Delete Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS UIY-SI-ZIP City-SI-ZIP 11111 ☐ Delete TATLE ☐ Change ☐ Addition NAME MAME JIREET ADDRESS STREET ADDRESS CHY SI-/IP OHY SI-ZIP

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 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 AND TYPEDIOR PRINTED NAME

FILED