2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 491784

1. Entity Name
FLORDECO REALTY, INC.

Principal Place of Business	Mailing Address
2787 N TAMIAMI TRL	P.O.BOX 6966
NORTH FORT MYERS, FL 33903	FORT MYERS, FL 33911

04182008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-1984345		Not Applicable
5. Certificate of Status Desired	☑	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRONIN, THOMAS R SR
2787 N TAMIAMI TR
NORTH FORT MYERS, FL 33903

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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 _____

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 After May 1, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000938295 05/27/08-80084-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CRONIN, THOMAS R.
STREET ADDRESS	2787 TAMIAMI TR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: X _Thomas R Cronin_   THOMAS R. CRONIN   4/28/08   239-936-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #