2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 29, 2007 8:00 am Secretary of State **DOCUMENT # 497034** 1. Entity Name 03-29-2007 90037 001 ***150.00 CEDAR KEY REALTY, INCORPORATED 03-29-2007 90037 002 *****8.75 Principal Place of Business Mailing Address CEDAR KEY REALTY P O BOX 549 CEDAR KEY FL 32625 US 12513 SR 24 CEDAR KEY FL 32625 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 59-2898356 Not Applicable Zip \$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 ADKINS, ANNIE J 4051 D STREET Street Address (P.O. Box Number is Not Acceptable) CEDAR KEY FL 32625 Zip Code 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 r applicable. (NOTE: Registered Agent signature required when reinstatura) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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 TITLE ☐ Delete HILE ☐ Change ☐ Addition ADKINS, ANNIE JEAN NAME NAME 4051 D STREET STREET ADDRESS STREET ADDRESS CEDAR KEY FL 32625 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE 💢 Defete TITLE [7] enange ☐ Addition NESBUT, F. MARIAN NAME NAME 12513 SR 24 STREET ADDRESS STREET ADDRESS CEDAR-KEY FL 32625 CITY-ST-ZIP CHY-SI-70 ST ☐ Delete TITLE ☐ Change ☐ Addition NESBITT, ENDER T NAME NAME 1770 GULF BLVD STREET ADDRESS STREET ADDRESS CEDAR KEY FL 22625 OFF: ST-ZIP.-31.1-31-En ☐ Delete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF IIIE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED