2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 506618

1. Entity Name
OLDE CARRIAGE REALTY, INCORPORATED

Principal Place of Business	Mailing Address
92 CHARLOTTE ST. ST. AUGUSTINE, FL 32084-3647	92 CHARLOTTE ST. ST. AUGUSTINE, FL 32084-3647

DO NOT WRITE IN THIS SPACE

02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1679851
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELORENZO, ARNOLD R
92 CHARLOTTE ST
ST. AUGUSTINE, FL 32084

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELORENZO, ARNOLD R
STREET ADDRESS	92 CHARLOTTE ST
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VPD
NAME	CHESTER, LINDA W.
STREET ADDRESS	400 A1A SOUTH
CITY-ST-ZIP	ST.AUGUSTINE BCH., FL
TITLE	VPD
NAME	DELORENZO, ANDREW J
STREET ADDRESS	2798 US 1 SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	S
NAME	DELORENZO, WILMA R
STREET ADDRESS	92 CHARLOTTE ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	T
NAME	DELORENZO, MICHAEL A
STREET ADDRESS	2798 US 1 SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-80080-022 150.00

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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: _____ 3/10/2006 (904) 824-4501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #