


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90170 015 ***150.00

DOCUMENT # 546901 1. Entity Name COMFORT REALTY CORP.					
Principal Place of Business 8410 N.W. 16TH STREET PEMBROKE PINES FL 33024			Mailing Address 8410 N.W. 16TH STREET PEMBROKE PINES FL 33024		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1978048 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent FORT, CLIFFORD L 8410 NW 16TH ST PEMBROKE PINES FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Clifford L. Fort</i></u> DATE <u><i>February 22, 2005</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST <input type="checkbox"/> Delete NAME: FORT, CLIFFORD L STREET ADDRESS: 8410 N.W. 16TH ST. CITY-ST-ZIP: PEMBROKE PINES FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <i>Secretary</i> STREET ADDRESS: <i>Fort, Clifford</i> CITY-ST-ZIP: <i>8410 NW 16th St</i> <i>Pembroke Pines, FL 33024</i>				
TITLE: <input type="checkbox"/> Delete NAME: <i>Secretary</i> STREET ADDRESS: <i>Fort, Clifford</i> CITY-ST-ZIP: <i>8410 NW 16th St</i> <i>Pembroke Pines, FL 33024</i>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <i>Secretary</i> STREET ADDRESS: <i>Fort, Clifford</i> CITY-ST-ZIP: <i>8410 NW 16th St</i> <i>Pembroke Pines, FL 33024</i>				
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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: <u><i>Clifford R. Fort</i></u> DATE: <u><i>February 22, 2005</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					