


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 027 ***150.00

DOCUMENT # 575779
1. Entity Name
COMMUNITY REALTY OF KILLEARN, INC.



Principal Place of Business: **2707 KILLARNEY WAY TALLAHASSEE FL 32308**
Mailing Address: **2707 KILLARNEY WAY TALLAHASSEE FL 32308**

2. Principal Place of Business: **2707 Killarney Way**
Suite, Apt. #, etc. _____
3. Mailing Address: **2707 Killarney Way**
Suite, Apt. #, etc. _____

50039124



1st MOORE CR2E034 (10/04)

City & State: **Tallahassee, Florida** **Tallahassee, Florida**
Zip: **32309** Country: _____ **32309** Country: _____

4. FEI Number: **59-1829367**
Applied For: _____
Not Applicable:

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

6. Name and Address of Current Registered Agent:
**TEEL, ROBERT C
3301 MARTINHURST RD
TALLAHASSEE FL 32312**

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: _____ (NOTE: Registered Agent signature required when reinstating)
DATE: **4/15/05**

**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 Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	TEEL, ROBERT C
STREET ADDRESS	3301 MARTINHURST RD
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/15/05** Daytime Phone #: _____