## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 07, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # 582563 BILL NYE REALTY, INC. Principal Place of Business Malling Address 34619 SR 54 34619 SR 54 ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 US 03242006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1840994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent NYE, ANDREA R. DO NOT WRITE 34619 SR 54 ZEPHYRHILLS, FL 33541 IN THIS SPACE 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. (NDTE: Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 THE NYE, ANDREA B NAME STREET ADDRESS 34619 SR 54 ZEPHYRHILLS, FL 33541 CITY-ST-7IP TITLE H00000435532 NAME NYE, WILLIAM F 04/21/06-80014-005 150.00 34819 SR 54 STREET ADDRESS ZEPHYRHILLS, FL 33541 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZIP TIZEF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 frustee 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR