## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 31, 2008 08:00 A Sesint D of State **DOCUMENT # 595626** STETSON REALTY AND INVESTMENT CO. Mailing Address Principal Place of Business 900 S. FEDERAL HWY. 900 S. FEDERAL HWY. SUITE #321 SUITE #321 STUART, FL 34994 . STUART, FL 34994 No Chg-P CR2E034 (11/05) 01082008 Applied For 4. FEI Number 59-1895002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE STETSON, J. MICHAEL 900 S. FEDERAL HWY. IN THIS SPACE **SUITE #321** STUART, FL 34994 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, typed or printed name of registered agent and title if applicable. U000008791916 (NOTE: Registered Agent signature required when reinstating) 04/11/08-30019-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE STETSON, J. MICHAEL NAME 900 S FED HWY #321 STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DIMPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR