


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90082 003 ***150.00

DOCUMENT # 660319 1. Entity Name TREASURE REALTY, INC.					
Principal Place of Business 8115 NORTH LAGOON DR. PANAMA CITY BEACH, FL 32408			Mailing Address 8115 NORTH LAGOON DR. PANAMA CITY BEACH, FL 32408		
2. Principal Place of Business - No P.O. Box # 1815 W. 15TH STREET Suite, Apt. #, etc. SUITE 10		3. Mailing Address 1815 W 15TH STREET Suite, Apt. #, etc. SUITE 10			
City & State PANAMA CITY FL		City & State PANAMA CITY FL			
Zip 32401		Country USA		Zip 32401	
Country USA		4. FEI Number 59-2953949			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GANS, ROBERT 8115 N. LAGOON DR PANAMA CITY FL, FL 32408			7. Name and Address of New Registered Agent Name CHARLES M WEATHERSBY Street Address (P.O. Box Number is Not Acceptable) 1815 W 15TH STREET SUITE 10 City PANAMA CITY FL Zip Code 32401		
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>Charles M Weatherby</i></u> CHARLES M WEATHERSBY 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GANS, ROBERT M 8115 N. LAGOON DR PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLES M WEATHERSBY 1815 W 15TH STREET SUITE 10 PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT MOUTON 5041 BAYON BARBOUR SUITE 300 PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEN HALL ADLER 5006 GRANDVIEW DRIVE ALBANY, GA 31701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Charles M Weatherby</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/08 (850) 263-6297 <small>Date Daytime Phone #</small>		