

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 041 ***150.00

DOCUMENT # 835073

1. Entity Name

JUSTINE REALTY COMPANY



Principal Place of Business

10820 SUNSET OFFICE DRIVE
240
ST LOUIS MO 63127-1030
US

Mailing Address

10820 SUNSET OFFICE DRIVE
240
ST LOUIS MO 63127-1030
US



2. Principal Place of Business

3. Mailing Address

Suite Apt # etc

Suite Apt # etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

43-6036292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature type for or used name of registered agent and file if applicable

(Note: Registered Agent's signature is required when a change is made)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 **VD** ☒ Delete
NAME **MEYER, R H W**
STREET ADDRESS **5653 N. HWY. 94**
CITY ST ZIP **PORTAGE DES SIOUX MO 63373**

TITLE **SD** ☐ Delete
NAME **GALANIS, W T**
STREET ADDRESS **6961 HILLSLAND AVE**
CITY ST ZIP **SAINT LOUIS MO 63109-1947**

TITLE **VD** ☐ Delete
NAME **FIENUP, W. J.**
STREET ADDRESS **13045 WHEATFIELD FARM RD**
CITY ST ZIP **SAINT LOUIS MO 63141**

TITLE **PTD** ☒ Delete
NAME **FIENUP, R. H.**
STREET ADDRESS **10820 SUNSET OFFICE DRIVE STE 240**
CITY ST ZIP **ST LOUIS MO 63127-1030**

TITLE **D** ☐ Delete
NAME **SMYTHE, M.A.**
STREET ADDRESS **17041 WILD HORSE CRK RD**
CITY ST ZIP **CHESTERFIELD MO 63005**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE **PTD** ☒ Change ☐ Addition
NAME **Fienup, W.J.**
STREET ADDRESS **13045 Wheatfield Farm Rd.**
CITY ST ZIP **St. Louis, MO. 63141**

TITLE **VD** ☒ Change ☐ Addition
NAME **Smythe, M.A.**
STREET ADDRESS **17041 Wild Horse Creek Rd.**
CITY ST ZIP **Chesterfield, MO 63005**

TITLE **D** ☐ Change ☒ Addition
NAME **Hughes, Wanda**
STREET ADDRESS **5643 North Hwy. 94**
CITY ST ZIP **Portage Des Sioux, MO 63373**

TITLE **D** ☐ Change ☒ Addition
NAME **Navarro, Elaine**
STREET ADDRESS **17095 Wild Horse Creek Rd.**
CITY ST ZIP **Chesterfield, MO 63005**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William J. Fienup

William J. Fienup

4/13/06

314-821-5866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number