

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005951

1. Entity Name  
FELNER REALTY CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 11 PM 1:00

Principal Place of Business  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK, IL 60035

Mailing Address  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK, IL 60035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005

Chg-P

CR2E034 (10/03)

4. FEI Number

88-0432583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELNER, JAY  
4182 LIVE OAK BOULEVARD  
DELRAY BEACH, FL 33445

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FELNER, JAY  
STREET ADDRESS 4182 LIVE OAK BLVD.  
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Delete

TITLE VSD  
NAME GOLDMAN, ROBERT U  
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365  
CITY-ST-ZIP HIGHLAND PARK, IL 60035 ☐ Delete

TITLE TD  
NAME WAGNER, NATHAN  
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365  
CITY-ST-ZIP HIGHLAND PARK, IL 60035 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

By: Nathan Wagner Nathan Wagner, Treasurer 4/5/2005 (847) 432-3666

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #