

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 026 ***158.75

DOCUMENT # F04000004119		
1. Entity Name SANCOR REALTY, INC.		

Principal Place of Business 64 QUAIL HILL BLVD. NORTH SMITHVILLE, NJ 08201	Mailing Address C/O CARRIE E. LADEMAN 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40041031



01232008 Chg-P CR2E034 (12/06)

4. FEI Number 22-3233658		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LADEMAN, CARRIE E 3200 TAMiami TRAIL N., SUITE 200 NAPLES, FL 34103		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

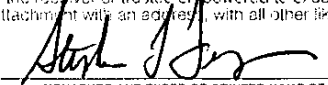
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing agent) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CP FEILINGER, STEPHEN 64 QUAIL HILL BLVD. NORTH SMITHVILLE, NJ 08201 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VC FEILINGER, ANNE A 64 QUAIL HILL BLVD. NORTH SMITHVILLE, NJ 08201 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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 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:  **STEPHEN L. FEILINGER** **2/11/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Listing Phone #