

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90063 045 ***150.00

DOCUMENT # F04525 1. Entity Name QUEEN REALTY, INC.					
Principal Place of Business 2915 SR 590 STE 21 CLEARWATER, FL 33759 US			Mailing Address 2915 SR 590 STE 21 CLEARWATER, FL 33759 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2042158	
5. Certificate of Status Desired ☐				Applied For No: Applicable	
6. Name and Address of Current Registered Agent QUEEN, GARY F 2915 SR #590, SUITE#21 CLEARWATER, FL 33759				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST QUEEN JR, FRENCH W 2915 SR 590, STE 21 CLEARWATER, FL 33759	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D QUEEN JR, FRENCH W 2915 SR 590, STE 21 CLEARWATER, FL 33759	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD QUEEN, GARY F 2915 SR 590, STE 21 CLEARWATER, FL 33759	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD QUEEN, LAWRENCE 2915 SR 590, STE 21 CLEARWATER, FL 33759	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD QUEEN, FLORENCE M 2915 SR 590, STE 21 CLEARWATER, FL 33759	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
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: French W. Queen, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
President					
2/8/08 727-796-7123					
Date Daytime Phone #					