

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F31518**

1. Entity Name  
**YE OLDE REALTY SHOPPE, INC.**



**FILED  
Apr 18, 2007 08:00 AM  
Secretary of State**

Principal Place of Business <b>304 29TH AVE N SAINT PETERSBURG, FL 33704 US</b>	Mailing Address <b>304 29TH AVE N SAINT PETERSBURG, FL 33704 US</b>
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**DO NOT WRITE IN THIS SPACE**

04112007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2178976</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KNEEBURG, LINDA  
304 29TH AVE N  
SAINT PETERSBURG, FL 33704**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTSD**  
NAME **ROBERTS, WENDY**  
STREET ADDRESS **145 29TH AVE N**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33704**

TITLE **V**  
NAME **ROBERTS, WENDY**  
STREET ADDRESS **145 29TH AVE N**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33704**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000715391  
04/27/07-80063-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Wendy Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

722-894-0552

Date

Daytime Phone #