2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F35978

City-St-Zip:

PONTE VEDRA BEACH, FL 32082 US

FILED Mar 18, 2005 Secretary of State

Entity Name: SEAGULL REALTY, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
200 SOLAN STE 106 PONTE VE	NO RD DRA BEACH, FL	32082 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
PO BOX 80 PONTE VE	05 DRA BEACH, FL	32004 US	3010 SOUTH THIRD ST JACKSONVILLE BEACI		
FEI Number:	59-2121456 FE	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
3010 S. 3R SUITE A JACKSON	VILLE BEACH, FL	32250 US	3010 S. 3RD ŠT. JACKSONVILLE BEACI	JACKSONVILLE BEACH, FL 32250 US	
The above in the State		nits this statement for the purp	oose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			03/18/2005	
Electronic Signature of Registered Agent				Date	
Election Carr	npaign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Dele MCCONDICHIE, HAY 61 PONTE VEDRA B PONTE VEDRA BCH	YNE D BLVD.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Dele BOWLER, DAVID W 718 PONTE VEDRA PONTE VEDRA BCH	BLVD.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	ST () Dele MCCONDICHIE, KAT 61 PONTE VEDRA B	THERINE	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID W. BOWLER 03/18/2005 ٧