2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # F40965. 1. Entity Name BOLES REALTY, INC. Principal Place of Business Mailing Address 1151 BRANDY LAKEVIEW CIR 1151 BRANDY LAKEVIEW CIRCLE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2117995 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOLES, GERALDINE** Street Address (P.O. Box Number is Not Acceptable) 1151 BRANDY LAKE VIEW CIRCLE WINTER GARDEN FL 34787 Zip Code 9. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition PST Change HILL ☐ Delete TITLE U00000332169 BOLES, GERALDINE NAME MARAE 04/26/05-80047-012 150.00 STRUCT ADDRESS 1151 BRANDY LAKE VIEW CIRCLE STREET ARDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-71P [] Change Addition ☐ Delete THE THEF BOLES, GERALDINE NAME NAME STREET ADDRESS 1151 BRANDY LAKE VIEW CIRCLE STREET ADDRESS WINTER GARDEN FL 34787 CUTY-ST-ZIF DITY ST-ZIP Change Addition me VD Delete BOLES, CHARLES R NAME STREET ADDRESS STREET ADDRESS 1151 BRANDY LAKE VIEW CIR CHY-SI-ZIP WINTER GARDEN FL 34787 CHYUST RE Delete TITLE T Change ☐ Addition 1:51 \$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP TITLE Change Addition Delete DDF NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY ST-ZIP Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-702 CHY-SI-7IP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(ff), 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.

FILED