

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F47582 1. Entity Name KOSTREBA & ASSOCIATES REALTY, INC. |  |
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| Principal Place of Business 1906 DREW ST CLEARWATER, FL 33756 US | Mailing Address 1609 LAKEVIEW RD CLEARWATER, FL 33756 US |
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 59-2140438 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KOSTREBA, VINCENT
 1609 LAKEVIEW RD
 CLEARWATER, FL 3375

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST OKEEFE, CLAUDETTE 1609 LAKEVIEW RD CLEARWATER, FL 33756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/17/06-80066-004 150.00

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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: *Claudette Okeefe* 4/28/06 727-445-9155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Claudette Okeefe