
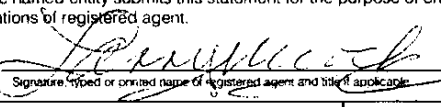
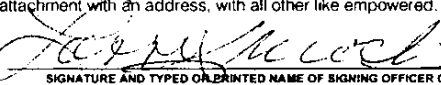


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90062 009 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # F73362</b><br>1. Entity Name<br><b>MOCK REAL ESTATE, INC.</b>  |   |   |   |                |  |
| Principal Place of Business<br><b>6149 DELTONA BLVD<br/>SPRING HILL, FL 34606</b>  |   |   | Mailing Address<br><b>6149 DELTONA BLVD<br/>SPRING HILL, FL 34606</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>7485 MADRID RD</b>  |   | 3. Mailing Address<br><b>7485 MADRID RD.</b>  |   |   |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>   |   |   |  |
| City & State<br><b>Weeki Wachee FL</b>   |   | City & State<br><b>Weeki Wachee, FL</b>   |   | 4. FEI Number<br><b>59-2924363</b>  |  |
| Zip<br><b>34613</b>  |   | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOCK, LARRY<br/>7485 MADRID RD<br/>WEEKI WACHEE, FL 34613</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <b>2/1/08</b></span>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>MOCK, LARRY M</b><br><b>7485 MADRID RD</b><br><b>WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PST</b><br><b>MOCK, LARRY M</b><br><b>7485 MADRID RD</b><br><b>WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>MOCK, DOROTHY A.</b><br><b>7485 MADRID RD</b><br><b>WEEKI WACHEE, FL 34613</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>  <b>LARRY M. MOCK</b> <span style="float: right;">Date <b>2/1/08</b> Daytime Phone # <b>352-596-6113</b></span>   |   |   |   |   |  |