



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90012 012 \*\*\*150.00

<b>DOCUMENT # F99103</b> 1. Entity Name <b>WATERFRONT REALTY, INC.</b>					
Principal Place of Business <b>% JAMES MICHAEL BONE</b> <b>4220 PINE ISLAND ROAD</b> <b>MATLACHA, FL 33909 US</b>			Mailing Address <b>% JAMES MICHAEL BONE</b> <b>4220 PINE ISLAND ROAD</b> <b>MATLACHA, FL 33909 US</b>		
2. Principal Place of Business <b>910 Balsamina Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>910 Balsamina Dr</b> Suite, Apt. #, etc.			
City & State <b>Brandon FL</b>		City & State <b>Brandon FL</b>		02272006 Chg-P CR2E034 (11/05)	
Zip <b>33510</b>		Country		4. FEI Number <b>59-2234391</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BONE, JAMES MICHAEL</b> <b>4220 PINE ISLAND RD</b> <b>MATLACHA, FL 33909</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
BONE, JAMES MICHAEL 4220 PINE ISLAND RD MATLACHA, FL 33909			910 Balsamina Dr Brandon, FL 33510		
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 <u>James M. Bone</u> <b>JAMES M. BONE</b> <u>3/3/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BONE, JAMES M 4220 PINE ISLAND RD NW MATLACHA, FL 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	910 Balsamina Dr. Brandon, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONE, JAMES M 4220 PINE ISLAND RD NW MATLACHA, FL 00000,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	910 Balsamina Dr. brandon, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE <u>James M. Bone</u> <b>JAMES M. BONE</b> <u>3/3/06</u> <u>813-567-1437</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					