2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 21, 2005 08:00 AM Secretary of State DOCUMENT # G21331 1. Entity Name ROY C. TILLETT REALTY, INC. Principal Place of Business Mailing Address 103 STEVEN ST RUSKIN FL 33570 POB 1315 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2262951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TILLETT, ROY C Street Address (P.O. Box Number is Not Acceptable) 103 STEVEN ST. RUSKIN FL 33570 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remistating) 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP THILE TITLE Delete ☐ Change Addition TILLETT, ROY C NAME STREET ADDRESS 103 STEVEN STREET STREET ADDRESS RUSKIN FL 33570 CITY-ST-ZIP CITY-ST-ZIP STD TITLE Delete ☐ Change ☐ Addition U00000236185 TILLETT, CLAUDIA M NAME NAME 02/21/05-80007-016 150.00 103 STEVEN STREET STREET ADDRESS STREET ADDRESS RUSKIN FL 33570 CITY-ST ZIP CITY-ST-76P UTLE Delete 10117 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete RILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP TITLE ☐ Delete utte Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Syntature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-05 81/645-1097

**FILED**