

2005 FOR PROFIT CORPORATION ANNUAL REPORT (A/R)

FILED
Mar 23, 2005 8:00 am
Secretary of State

02-16-2005 90025 009 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # G28019 1. Entity Name NORTH-SOUTH REALTY, INC.					
Principal Place of Business 2271 RIO DE JANEIRO AVE CHARLOTTE HARBOR FL 33983			Mailing Address 2271 RIO DE JANEIRO AVE CHARLOTTE HARBOR FL 33983		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2631186	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTENZIO, PAUL J 2271 RIO DE JANEIRO AVE CHARLOTTE HARBOR FL 33950				7. Name and Address of New Registered Agent Name DONNA J. ORTENZO Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Donna J. Ortenzo DATE 3/17/05 <small>Signature, typed or printed name of registered agent, whichever is applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input checked="" type="checkbox"/> Delete NAME ORTENZIO, PAUL J STREET ADDRESS 2271 RIO DE JANEIRO AVE CITY-ST-ZIP PUNTA GORDA FL 33983			TITLE L P C <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1931 CITRUS STREET ADDRESS CLARK HARBOR FL CITY-ST-ZIP		
TITLE VSD <input type="checkbox"/> Delete NAME ORTENZIO, DONNA J STREET ADDRESS 2271 RIO DE JANEIRO AVE CITY-ST-ZIP PUNTA GORDA FL 33983			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME ORTENZIO, DONNA J STREET ADDRESS 2271 RIO DE JANEIRO AVE CITY-ST-ZIP PUNTA GORDA FL 33983			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					