


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90260 029 ***150.00

DOCUMENT # G64859 1. Entity Name MEARS REALTY AND INVESTMENTS, INC.																											
Principal Place of Business 1948 NW 54TH AVE MARGATE, FL 33063 US		Mailing Address P.O. BOX 93 4069 MARGATE, FL 33093 US																									
2. Principal Place of Business - No P.O. Box # 6810 NW 12 St		3. Mailing Address 6810 NW 12 St																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Margate		City & State Margate																									
Zip 33063		Zip 33063																									
Country 		Country 																									
4. FEI Number 59-2346872		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MEARS, PHYLLIS 6604 NW 70 AVE TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6810 NW 12 St City Margate FL Zip Code 33063																									
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><i>Phyllis S. Mears</i></u> Phyllis S. Mears 4-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEARS, PHYLLIS S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6604 NW 70 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> </table>		TITLE	PS	<input type="checkbox"/> Delete	NAME	MEARS, PHYLLIS S		STREET ADDRESS	6604 NW 70 AVE		CITY-ST-ZIP	TAMARAC, FL 33321		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PS</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6810 NW 12 St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Margate, FL 33063</td> <td></td> </tr> </table>		TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	6810 NW 12 St		CITY-ST-ZIP	Margate, FL 33063	
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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: <u><i>Phyllis S. Mears</i></u> Phyllis S. Mears		4-20-07 954-935-0098 <small>Date Daytime Phone #</small>																									