


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 033 ***158.75

DOCUMENT # G85994			
1. Entity Name BECKER REAL ESTATE COMPANY			
Principal Place of Business 55 OSPREY COVE LANE SANTA ROSA BEACH FL 32459 US		Mailing Address 55 OSPREY COVE LANE SANTA ROSA BEACH FL 32459 US	
2. Principal Place of Business 4221 SW 82 TER		3. Mailing Address 4221 SW 82 TER	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32608	Country USA	Zip 32608	Country USA
6. Name and Address of Current Registered Agent BECKER, EARL 55 OSPREY COVE LANE SANTA ROSA BEACH FL 32459 4221 SW 82 TER Gainesville FL 32608		7. Name and Address of New Registered Agent Name 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 <u><i>Earl Becker</i></u> DATE <u><i>3-28-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PS BECKER, EARL 55 OSPREY COVE LANE SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4221 SW 82 TER Gainesville FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *F. EARL Becker* *TSail Becker* *3-28-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #