

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96676

Entity Name: SCHUCKLAT REALTY, INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

3525 BONITA BEACH RD
STE 112
BONITA SPRINGS, FL 34134

Current Mailing Address:

3525 BONITA BEACH RD
STE 112
BONITA SPRINGS, FL 34134

New Principal Place of Business:

28440 OLD 41 ROAD
SUITE 4
BONITA SPRINGS, FL 34133

New Mailing Address:

P.O. BOX 2568
BONITA SPRINGS, FL 34133

FEI Number: 59-2399023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOLE, TINA S
3525 BONITA BEACH RD., STE 112
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

BOOLE, TINA S
P.O. BOX 2568
BONITA SPRINGS, FL 34133 US

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.

SIGNATURE:

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BOOLE, DARREN
Address: 27040 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP () Delete
Name: SCHUCKLAT, TINA P.,
Address: 27040 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: BOOLE, DARREN
Address: P.O. BOX 2568
City-St-Zip: BONITA SPRINGS, FL 34133

Title: DP (X) Change () Addition
Name: SCHUCKLAT BOOLE, TIN, A
Address: P.O. BOX 2568
City-St-Zip: BONITA SPRINGS, FL 34133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA SCHUCKLAT BOOLE

DP

04/12/2005

Electronic Signature of Signing Officer or Director

Date