

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90199 005 \*\*\*150.00

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<b>DOCUMENT # H10154</b> 1. Entity Name <b>JARRY REALTY, INC.</b>					
Principal Place of Business <b>P.O BOX 21043 TAMPA, FL 33622</b>			Mailing Address <b>C/O TAX DEPARTMENT 21001 VAN BORN RD. TAYLOR, MI 48180-1340</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2438861</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMS, ALLAN		NAME		
STREET ADDRESS	271 MAYHILL ST.		STREET ADDRESS		
CITY-ST-ZIP	SADDLE BROOK, NJ 07662		CITY-ST-ZIP		
TITLE	VDTs	<input type="checkbox"/> Delete	TITLE	D-VP-T-AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSOWSKI, ROBERT B		NAME		
STREET ADDRESS	21001 VAN BORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 481801340		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARGARO, EUGENE A JR.		NAME		
STREET ADDRESS	21001 VAN BORN RD.		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 481801340		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEEKLEY, JOHN R		NAME		
STREET ADDRESS	21001 VAN BORN RD.		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 481801340		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORAN, DAVID		NAME		
STREET ADDRESS	21001 VAN BORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 481801340		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLLIEN, JERRY W		NAME		
STREET ADDRESS	21001 VAN BORN RD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 481801340		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.					
<b>SIGNATURE:</b>			David A. Doran		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/16/05		
			313/274-7400		
			Daytime Phone #		