2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 8:00 am
Secretary of State
04-11-2008 90039 029 ***150.00

DOCUMENT # J18397

1. Entity Name
SANSBURY REALTY, INC.

Principal Place of Business	Mailing Address
8660 THOUSAND PINES CIRCLE WEST PALM BEACH FL 33411 US	8660 THOUSAND PINES CIRCLE WEST PALM BEACH FL 33411 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2693380 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANSBURY, JOHN C 8660 THOUSAND PINES CIRCLE WEST PALM BEACH FL 33411	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 John C Sansbury President 3/31/08
Signature (and of printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

SRck# 5291

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD ☐ Delete NAME SANSBURY, JOHN C. STREET ADDRESS 8660 THOUSAND PINES CIR. CITY-ST-ZIP WEST PALM BEACH FL 33411		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD ☐ Delete NAME SANSBURY, JOHN C. STREET ADDRESS 8660 THOUSAND PINES CIR. CITY-ST-ZIP WEST PALM BEACH FL 33411		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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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: John C Sansbury President 4/28/08 561-478-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66009367

J78397

4/28/08

To Whom It May Concern:

I apologize for not signing my three (3) corporate annual reports. I have recently loss the sight in my right eye which was my reading eye.

Sincerely