

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # J41740

1. Entity Name
MOELLER REALTY, INC.



Principal Place of Business
**% THOMAS M. LEINBAUGH
1008 NW 13TH ST
GAINESVILLE, FL 32601**

Mailing Address
**% THOMAS M. LEINBAUGH
1008 NW 13TH ST
GAINESVILLE, FL 32601**



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2860058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEINBAUGH, THOMAS M.
1008 NW 13TH ST
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000218186

02707705-80055-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEINBAUGH, THOMAS M.
STREET ADDRESS	3942 SW 5TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	PST
NAME	LEINBAUGH, THOMAS M.
STREET ADDRESS	3942 SW 5TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Thomas M. Leinbaugh **Thomas M. Leinbaugh** 2/2/05

Date

Daytime Phone #

**352-
376-4471**