## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2005 08:00 AM Secretary of State

1. Entity Nam STEVE B	OGAN ŘEALTY, INC.		
Principal Place of Business  25 WEST CEDAR ST STE 230 PENSACOLA, FL 32502 US  Amiling Address 25 WEST CEDAR ST STE 230 PENSACOLA, FL 32502 US PENSACOLA, FL 32502 US			
ם	6. Name and Address of Current Registered Agent	03302005 No Chg-P CR2E034 (10/03)  4. FEI Number	
BOGAN, STEPHEN C. 25 W CEDAR ST STE 230 PENSACOLA, FL 32502			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 file 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 \$5.00 May Be Trust Fund Contribution.			
10. UTLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS  D BOGAN, STEPHEN C. 25 W CEDAR ST., STE. 230 PENSACOLA, FL 32502		U00000285455 04/02/05-80044-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	<u> </u>	DO NOT WRITE IN THIS SPACE
CITY-S1-ZIP  IITLE  NAME  STREET ADDRESS  CITY-S1-ZIP			
NAME STREET ADDRESS CITY-SI-ZIP  12. I hereby control indicated of	ertify that the information supplied with this filling does not qualify	for the exemption stated in State of the exemption stated in State of the state of	ection 119.07(3)(i), Florida Statutes. I further certify that the information same lean officer or director
12. I hereby certify that the information supplied with this filling 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 cath, 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:  SIGNATURE:  Base Base Base Base Base Base Base Base			