

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # J60155**

1. Entity Name  
CORPORATE REAL ESTATE, INC.



Principal Place of Business

7301 CANAL BLVD.  
TAMPA, FL 33615

Mailing Address

7301 CANAL BLVD.  
TAMPA, FL 33615



01062006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2771284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FEASTER, THOMAS E.  
7301 CANAL BLVD  
TAMPA, FL 33615

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100000381034  
01/11/06-80037-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEASTER, THOMAS E.
STREET ADDRESS	7301 CANAL BLVD.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 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:**

*Thomas E. Feaster* **Thomas E. Feaster** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-273-7760