

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J76166

Entity Name
MUNNY FLORIDA REALTY INC.



Principal Place of Business
420 LEE BLVD
LEHIGH ACRES, FL 33936

Mailing Address
PO BOX 687
LEHIGH ACRES, FL 33970

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2816011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZ, SIEGFRIED
420 LEE BLVD
LEHIGH ACRES, FL 33936

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IN THIS SPACE**

I, 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 renewing)

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

U00000397361
01/30/06-80046-005 150.00

OFFICERS AND DIRECTORS

NAME	DVT
NAME	LORENZ, SIEGFRIED
STREET ADDRESS	420 LEE BLVD
CITY-STATE-ZIP	LEHIGH ACRES, FL 33936
NAME	PST
NAME	LORENZ, DJULEAHA
STREET ADDRESS	420 LEE BLVD
CITY-STATE-ZIP	LEHIGH ACRES, FL 33936
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I, the undersigned, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #