2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 21, 2005 08:00 AM DOCUMENT # K03777 1. Entity Name **Secretary of State** T & E REALTY, INC. Principal Place of Business Mailing Address 5764 MARBLE COURT WINTER PARK FL 32792 **5764 MARBLE COURT** WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0015558 Not Applicable Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 5764 MABLE COURT WINTER PARK FL 32792-3302 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when temstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BBL HILL Delete 🔲 Change Addition MARTIN, THOMAS J NAME NAME 5764 MARBLE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP THUE ☐ Delete U00000187967 Change Addition MARTIN, EVELYN G 01/24/05-80038-004 150.00 STRELT ADDRESS 5764 MARBLE COURT CIRFEL ADDRESS CITY-ST-7/9 WINTER PARK FL 32792 City-St-ZIP TITLE ☐ Delete Change Addition NAME MARTIN, THOMAS JOSEPH NAME STREET ADDRESS. STREELADDRESS 5329 CYPRESS_RESERVE PLACE CITY-ST-ZIP CITY-ST-78 WINTER PARK FL 32792 TITLE ☐ Delete Change ☐ Addition MARTIN, JAMES F NAME NAME GIREFT ADDRESS 48 MAPLE TERRACE STREET ADDRESS WEST SPRINGFIELD MA 01089 CITY-ST-ZIP CITY-ST-ZP MLE ☐ Delete HILE Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY SI-718 CHY-SI-ZP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Daving Phone 9