


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # K08754 1. Entity Name ED TOLLE REAL ESTATE, INC.	
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Principal Place of Business C/O HUGH E. TOLLE 835 NORTHEAST HIGHWAY 19 CRYSTAL RIVER, FL 34429 US	Mailing Address C/O HUGH E. TOLLE 835 NORTHEAST HIGHWAY 19 CRYSTAL RIVER, FL 34429 US
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DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2860354	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOLLE, HUGH E.
835 NORTHEAST HIGHWAY 19
CRYSTAL RIVER, FL 34429

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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**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	FITZPATRICK, PATRICK S.
STREET ADDRESS	835 NORTHEAST HWY. 19
CITY - ST - ZIP	CRYSTAL RIVER, FL

TITLE	PD
NAME	TOLLE, HUGH E.
STREET ADDRESS	835 NORTHEAST HWY. 19
CITY - ST - ZIP	CRYSTAL RIVER, FL

TITLE	VD
NAME	TOLLE JR., EDGAR E.
STREET ADDRESS	835 NORTHEAST HWY. 19
CITY - ST - ZIP	CRYSTAL RIVER, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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 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 #

HUGH E TOLLE 4/26/05 (352) 795-0021