2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

See Country Zip Country Zip Country Zip Country Zip Country See Registered Agent 7. Name and Address of Current Registered Agent Name	1. Entity Nan	MENT # K09905 TER REALTY, INC.			Apr 22, 2005 08:00 AM Secretary of State	
Subs AP # site. CR2634 (10104) Applied for Not Applied Population Populat	5306 CORTEZ RD W., STE 4		5306 CORTEZ RD W	., STE 4		
City & State	2. Principal F	Place of Business	3. Mailing Address			
See Country Zip Country Zip Country Zip Country Zip Country See Registered Agent 7. Name and Address of Current Registered Agent Name	Suite, Apt #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)	
Second S	City & State		City & State		EE_0021190	
HOWELL, CHERYL C SIGNADENTON FL 34210 City FL Zip Code A. The above named early submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable) SIGNATURE: The Above named early 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 acceptable of the collegations of registered agent. City FL Zip Code City FL Zip Code City FL Zip Code A. The above named early 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 acceptable of the collegations of registered agent. SIGNATURE: TRUE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CFRANSES TO OFFICERS AND DIRECTORS IN IT. WAS Added to Fee May 1, 2005 Fee Will Be \$550.00 Make Cheek Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CFRANSES TO OFFICERS AND DIRECTORS IN IT. WAS ADDITIONS/CFRANSES TO OFFICERS AND DIR	Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional	
HOWELL, CHERYL C \$306 CORTEZ RD., W., SUITE FOUR BRADENTON FL 34210 City FL Zor Code 6. The above named earlily 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 this obligations of registered agent and registered agent and registered agent agreement and registered agent agreement agent agreement and registered agent agreement agreem		6. Name and Address of	Current Registered Agent	Nama		
BRADENTON FL 34210 City FL Zor Code 8. The above named onlify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accurate the obligations of registered agent, or both, in the State of Florida State of Flo	HOWELL, CHERYL C				s (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this starement for the purpose of changing its registered agent, or both, in the Stare of Rodda. I am familiar with, and acceptable obligations of registered agent. SIGNATURE Part	BRA	DENTON FL 34210	DITE FOUN		****	
8. The above named ontily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and access the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGEST OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGEST OFFICERS AND DIRECTORS IN II INTE HOWELL, ERIC D HOWELL, ERIC D Greater Agent a	•			City	FL Zip Code	
SIGNATURE Signature, yourd of circled arrays of registeric apart and late 4 exposures (ACTE Registered Agent aggressive recipient when introducing) DATE			ement for the purpose of changing it	ts registered office or regis		
FILE NOW!! FEE IS \$180.00 After May 1, 2005 Fee Will Be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III TRUST Fund Contribution OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III TRUST Fund Contribution OFFICERS AND DIRECTORS III TRUST FUND CONTRIBUTION SOBIE CONTRIBUTION TRUST ADDRESS OIV SI 78 BRADENTON FL OITH ORIGINATION OITH ORIGINAT						
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FI. THE NAME JERGIA DORCES OFFICERS AND DIRECTORS IN FI. THE COMPLET, ERIC D 5306 CORTEZ RD., W., SUITE FOUR JERGIA ADDRESS OFFICERS AND DIRECTORS IN FI. THE NAME STREET ADDRESS OFFICERS AND DIRECTORS IN FILE OFFICE ADDRESS OFFICERS AND DIRECTORS IN FILE OFFICE ADDRESS OFFICERS AND DIRECTORS IN FILE OFFICE ADDRESS AND DIRECTORS IN FILE O	After	May 1, 2005 Fee Will Be	550.00			
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NAME STREET ADDRESS CITY-ST-ZIP UITE Delete UITE NAME STREET ADDRESS CITY-ST-ZIP UITE-ST-ZIP UITE-ST-ZIP 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 may may 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 feet of as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 or Block 12 or Block 11 or Block 12 or Block 11 or Block 13 or Block 11 or Block 13 or Block 11 or Block 13 or Block 11 or Block 14 or Block 15 or Block 11 or Block 15 or B	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
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NAME STETCH ADDRESS CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP Delete Delete Delete Diffet Address CITY-SI-ZIP CITY-SI-ZIP 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 fair 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 changed, or on an attachment with an address, with all other fike empowered. SIGNATURE: Delete Delete Delete Diffet Address CITY-SI-ZIP CITY-SI-ZIP SIRLET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Delete Delete	NAME STREET ADDRESS		☐ Deiete	NAME STREET ADDRESS	☐ Change ☐ Aridilir	
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indicated on this report or supplemental report is true and accurate and stag 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 changed, or on an attachment with an address, with all other the empowered. SIGNATURE: Eric D. Howell, President 4/20/2005 941-794-326	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Obstime Phone #	indicated of the cor changed,	on this report or supplemental poration or the receiver or trust or on an attachment with an actual true.	report is true and accurate and that ee empowered to execute this feeto daress, with all other the empowered W.M. M. M. M. H. C.	my signature shall have the state of the sta	the same legal effect as if made under oath; that I am an officer or director sor, Florida Statutes, and that my name appears in Block 10 or Block 11. 1. President 4/20/2005 941-794-326	

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