## **2007 FOR PROFIT CORPORATION**

## May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # K09905 1. Entity Name LANCASTER REALTY, INC. Principal Place of Business Mailing Address 5306 CORTEZ RD W., STE 4 5306 CORTEZ RD W., STE 4 BRADENTON, FL 34210 BRADENTON, FL 34210 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0031180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWELL, CHERYL C DO NOT WRITE 5306 CORTEZ RD., W., SUITE FOUR BRADENTON, FL 34210 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, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOWELL, ERIC D NAME STREET ADDRESS 5306 CORTEZ RD., W., SUITE FOUR CITY-ST-ZIP BRADENTON, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 the 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 employered to export 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 employered.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED O E OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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