

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # K20241

1. Entity Name
CONCH REALTY SALES, INC.



Principal Place of Business
**11400 OVERSEAS HW
SUITE 101
MARATHON, FL 33050 US**

Mailing Address
**11400 OVERSEAS HW
SUITE 101
MARATHON, FL 33050 US**



01182006 No Chg-P CR2E034 (11/05)

4. FCI Number **65-0061341** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANGERMANN, GILBERT
117 BRIAN RD.
MARATHON, FL 33050**

**DO NOT WRITE
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 re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANGERMANN, GILBERT
STREET ADDRESS	117 BRIAN RD.
CITY-ST-ZIP	MARATHON, FL
TITLE	VP
NAME	ANGERMANN, CLARE
STREET ADDRESS	117 BRIAN RD
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000467482
03/23/06-80044-026 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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

GILBERT ANGERMANN, PRESIDENT

Date

Daytime Phone #

**3/1/06 305-293
887**