

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90032 028 \*\*\*150.00

**DOCUMENT # K23167**

1. Entity Name

FLORIDA REAL ESTATE MARKETING, INC.



Principal Place of Business

2401 NE 45TH ST  
LIGHTHOUSE POINT FL 33064

Mailing Address

2401 NE 45TH ST  
LIGHTHOUSE POINT FL 33064



2. Principal Place of Business

2401 N.E. 45<sup>TH</sup> ST.  
Suite, Apt. #, etc.

3. Mailing Address

2401 N.E. 45<sup>TH</sup> ST.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

LIGHTHOUSE POINT, FL.

City & State

LIGHTHOUSE POINT, FL.

4. FEI Number

65-0052111

Applied For

Not Applicable

Zip

33064

Country

UNITED STATES

Zip

33064

Country

UNITED STATES

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAHNKE, HERBERT C., SR  
2401 NE 45TH ST  
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

CURRENT AGENT

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

SAME

FL

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.

NO CHANGE

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JAHNKE, EVELYN  
STREET ADDRESS 2401 NE 45TH ST  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Evelyn Jahnke (EVELYN JAHNKE) FEB 23 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-781-6829

Daytime Phone #