


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L43403
 1. Entity Name
REALTY ASSOCIATES OF SANTA ROSA, INC.



Principal Place of Business 2045 FOUNTAIN PROFESSIONAL COURT, SUITE B NAVARRE BCH, FL 32566 US	Mailing Address 2045 FOUNTAIN PROFESSIONAL COURT, SUITE B NAVARRE BCH, FL 32566 US
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3003519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FOUNTAIN, BETTY
 1901 RUE LA FONTAINE
 NAVARRE, FL 32566**

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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-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FOUNTAIN, GREGORY 1901 RUE LA FONTAINE NVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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100000498421
 04/22/06-80094-004 150.00

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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: Betty Fountain Betty Fountain 4/6/06 850-939-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #