

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90408 001 ***158.75

DOCUMENT # L88451

1. Entity Name
SUSSEX REALTY CORPORATION



Principal Place of Business
**C/O HARRIS CRAMER LLP
1555 PALM BEACH LAKES BLVD., STE 310
WEST PALM BEACH, FL 33401 US**

Mailing Address
**1555 PALM BEACH LAKES BLVD.
SUITE 310
WEST PALM BEACH, FL 33401 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
**c/o Harris Cramer LLP
1555 Palm Beach Lakes Blvd. Ste. 310**

City & State
West Palm Beach, FL

Zip
33401

Country
U.S.

02052007 Chg-P CR2E034 (12/06)



4. FEI Number
65-0233182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAMER, HARRIS LLP
1555 PALM BEACH LAKES BLVD.
STE 310
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Harris Cramer LLP


Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd.

Suite 310

City
West Palm Beach

FL Zip Code
33401

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  **Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner,
by Daryl B. Cramer, President**

DATE **3/30/07**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PTD

NAME
MYERS, WILLIAM P

STREET ADDRESS
105 WEST BEAVER CREEK, UNITS 9 & 10

CITY-ST-ZIP
RICHMOND HILL, ONT, CA 14b 1c6

☐ Delete

TITLE
SD

NAME
LUCCHESI, FABRIZIO

STREET ADDRESS
105 WEST BEAVER CREEK, UNITS 9 & 10

CITY-ST-ZIP
RICHMOND HILL, ONT, CA 14b 1c6

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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

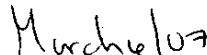
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 **Fabrizio Lucchese**

 **Murchel**

905-882-1212