


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90975 010 ***150.00

DOCUMENT # M70468 1. Entity Name KBL REALTY, INC.	
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Principal Place of Business 711 N. SHERRILL STREET TAMPA, FL 33609 US	Mailing Address 711 N. SHERRILL STREET TAMPA, FL 33609 US
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2880943	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

JESSE L. MASSINGILL
711 N. SHERRILL STREET
TAMPA, FL 33607

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPDT MASSINGILL, JESSE L 711 NO SHERRILL ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MASSINGILL, VALERIE A. 711 NO SHERRILL ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOLKUS, RYAN 711 NO SHERRILL ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PANDIT, ROGER 711 NO SHERRILL ST TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jesse Massingill 4/26/05 813-885-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #