

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # M98890

**1. Entity Name
STANDARD REALTY CORPORATION**



**Principal Place of Business
184 CARIBBEAN RD
NAPLES, FL 34108 US**

**Mailing Address
PO BOX 9047
NAPLES, FL 34101 US**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0110782
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

**BURCH, PAUL M.
184 CARIBBEAN RD
NAPLES, FL 34108**

**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, 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	D
NAME	BURCH, MASON M.
STREET ADDRESS	184 CARIBBEAN ROAD
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	BURCH, AGNES N.
STREET ADDRESS	184 CARIBBEAN ROAD
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	BURCH, HEATHER L.
STREET ADDRESS	184 CARIBBEAN ROAD
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	BURCH, PAUL M.
STREET ADDRESS	184 CARRIBEAN ROAD
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/16/07-80056-016 150.00

**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:

Paul Burch **1/12/2007** **239 591 2228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #