


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # N00000005263</b>                                       |  |
| 1. Entity Name<br><b>THE FLORIDA STATE REAL ESTATE NETWORK, INC.</b> |   |

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|---|---|
| Principal Place of Business<br><b>ROOM 313, ROVETTA BUSINESS BLDG.<br/>PALMETTO WAY, COLLEGE OF BUSINESS<br/>TALLAHASSEE, FL 32306-1110</b> | Mailing Address<br><b>ROOM 313, ROVETTA BUSINESS BLDG.<br/>PALMETTO WAY, COLLEGE OF BUSINESS<br/>TALLAHASSEE, FL 32306-1110</b> |
|---|---|



01052005 No Chg-NP CR2E037 (10/03)

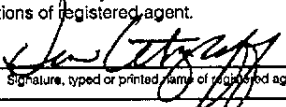
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| 4. FEI Number<br><b>59-3664443</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br><b>GATZLAFF, DEAN<br/>ROOM 313, ROVETTA BUSINESS BLDG.<br/>PALMETTO WAY, COLLEGE OF BUSINESS<br/>TALLAHASSEE, FL 32306-1110</b> |  |
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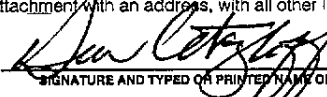
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |  |                           |
| SIGNATURE:   | <b>DEAN GATZLAFF</b><br>(NOTE: Registered Agent signature required when reinstating) | <b>01/05/2005</b><br>DATE |

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GATZLAFF, DEAN<br>ROOM 313, ROVETTA BUSSINESS BLDG<br>TALLAHASSEE, FL 323061110 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WOODYARD, WILLIAM<br>ROVETTA BUSINESS BLDG., FSU<br>TALLAHASSEE, FL 323061110    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DISKIN, BARRY<br>ROVETTA BUSINESS BLDG.<br>TALLAHASSEE, FL 323061110             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/10/05-80005-007 61.25

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| 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 617, 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:   | <b>01/05/2005 850.644.5710</b><br>Date Daytime Phone # |