

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005263

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** THE FLORIDA STATE REAL ESTATE NETWORK, INC.

**Current Principal Place of Business:**

ROOM 313, ROVETTA BUSINESS BLDG.  
PALMETTO WAY, COLLEGE OF BUSINESS  
TALLAHASSEE, FL 323061110

**New Principal Place of Business:**

**Current Mailing Address:**

ROOM 313, ROVETTA BUSINESS BLDG.  
PALMETTO WAY, COLLEGE OF BUSINESS  
TALLAHASSEE, FL 323061110

**New Mailing Address:**

**FEI Number:** 59-3664443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GATZLAFF, DEAN  
ROOM 313, ROVETTA BUSINESS BLDG.  
PALMETTO WAY, COLLEGE OF BUSINESS  
TALLAHASSEE, FL 323061110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GATZLAFF, DEAN  
Address: ROOM 313, ROVETTA BUSSINESS BLDG  
City-St-Zip: TALLAHASSEE, FL 323061110

Title: D ( ) Delete  
Name: WOODYARD, WILLIAM  
Address: ROVETTA BUSINESS BLDG., FSU  
City-St-Zip: TALLAHASSEE, FL 323061110

Title: D ( ) Delete  
Name: DISKIN, BARRY  
Address: ROVETTA BUSINESS BLDG.  
City-St-Zip: TALLAHASSEE, FL 323061110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN GATZLAFF

DP

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date