

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90254 038 ***158.75

DOCUMENT # P00000041419

1. Entity Name
BUD TRAYNER REALTY, P.A.



Principal Place of Business

**24901 SANDHILL BLVD
#4
PUNTA GORDA, FL 33983**

Mailing Address

**24901 SANDHILL BLVD
#4
PUNTA GORDA, FL 33983**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1534 ULTRAMARINE LANE

1534 ULTRAMARINE LANE

City & State

City & State

PUNTA GORDA FL.

PUNTA GORDA FL 33983

Zip

Country

Zip

Country

33983

USA

33983

USA

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1009401

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAYNER, VERNON A JR.
24901 SANDHILL BLVD
#4
PUNTA GORDA, FL 33983**

Name

VERNON A TRAYNER JR.

SAME AS

Street Address (P.O. Box Number is Not Acceptable)

1534 ULTRAMARINE LANE

NEW ADDRESS ONLY

City

PUNTA GORDA

FL

Zip Code

33983

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TRAYNER, VERNON A JR
24901 SANDHILL BLVD #4
PUNTA GORDA, FL 33983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SAME AS 10
1534 ULTRAMARINE LANE
PUNTA GORDA FL 33983** ☒ Change ☐ Addition
Address ONLY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

[Handwritten Signature]

1/04/07