

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109194

Entity Name: POST REALTY II, INC.

FILED  
Feb 26, 2005  
Secretary of State

## Current Principal Place of Business:

19209 FISHERMANS BENDS DR  
LUTZ, FL 33558

## New Principal Place of Business:

3133 SAGO POINT CIRCLE  
LAND O LAKES, FL 34639

## Current Mailing Address:

19209 FISHERMANS BENDS DR  
LUTZ, FL 33558

## New Mailing Address:

P.O. BOX 1382  
LUTZ, FL 33548

FEI Number: 59-3683201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARDEN, DARRELL L  
19209 FISHERMANS BENDS DR  
LUTZ, FL 33558 US

## Name and Address of New Registered Agent:

HARDEN, DARRELL L  
3133 SAGO POINT CIRCLE  
LAND O LAKES, FL 34639 US

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: DARRELL L HARDEN

02/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: HARDEN, DARRELL L  
Address: 19209 FISHERMANS BEND DR  
City-St-Zip: LUTZ, FL 33558

Title: PSTD ( ) Delete  
Name: HARDEN, DARRELL L  
Address: 19209 FISHERMANS BEND DR  
City-St-Zip: LUTZ, FL 33558

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: HARDEN, DARRELL L  
Address: 3133 SAGO POINT CIRCLE  
City-St-Zip: LUTZ, FL 34369

Title: PSTD (X) Change ( ) Addition  
Name: HARDEN, DARRELL L  
Address: 3133 SAGO POINT CIRCLE  
City-St-Zip: LUTZ, FL 34369

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL L HARDEN

PSTD

02/26/2005

Electronic Signature of Signing Officer or Director

Date