
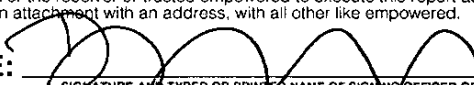


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059759 1. Entity Name REVELL REALTY, INC.						FILED 05 JUL 26 AM 8:04 TALLAHASSEE, FLORIDA	
Principal Place of Business 1709 A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327				Mailing Address 1709 A CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address P O Box 31			
City & State				City & State Sopchoppy FL			
Zip		Country		Zip 32358		Country	
4. FEI Number 59-3727445				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REVELL, DEBORAH L 1147 WAKULLA ARRAN RD. CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME REVELL, DEBORAH L STREET ADDRESS 1147 WAKULLA ARRAN RD. CITY-ST-ZIP CRAWFORDVILLE, FL 32327				TITLE P O Box 31 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Sopchoppy FL STREET ADDRESS 32358 CITY-ST-ZIP 32358			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 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:  President 7/23 8509622212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							