2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2008 08:00 Al DOCUMENT # P01000081463 **Secretary of State** 1. Entity Name TANGERINE HOME REALTY, INC. Principal Place of Business Mailing Address 86 REDWOOD TRACK CRSE 86 REDWOOD TRACK CRSE OCALA FL 34472 **OCALA FL 34472** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/07) 1st MOORE City & State City & State Applied For 4. FEI Number 59-3741845 Not Applicable Ζıp Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EYANSON, ADELINE J Street Address (P.O. Box Number is Not Acceptable) 86 REDWOOD TRACK CRSE OCALA FL 34472 City Zio Code FL 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 Significative typed or printed name of rear inreditional arms tills 1 applicable. (NOTE: Pagistriad Agent agription required when reinstituting) DATE -- FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing -\$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE D Derete TITLE NAME EYANSON, ADELINE J NAME U00000869218 04/09/08-80039-022 158.75 STREET ADDRESS 2418 N HASTING ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-7IP Derete TITLE ☐ Change Addition TITE F NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP ☐ Darete TITLE ☐ Change Addition fITE E NAME NEM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Defete ☐ Change Addition THLE NAM: NAME STREET ADDRESS STREET ADDRESS CITY-S1-2IP CITY-S1-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-S1-28P TITLE ☐ Delete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CHY-SI-7P

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same logal effect as it 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.