

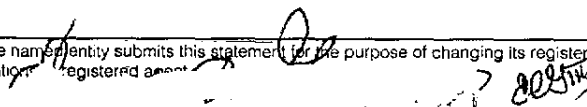



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000104150			
1. Entity Name FSBO REALTY, INC.			
Principal Place of Business 6147 SW 152 STREET VILLAGE OF PALMETTO BAY, FL 33157-2644		Mailing Address 6147 SW 152ND ST. VILLAGE OF PALMETTO BAY, FL 33157-2644	
DO NOT WRITE IN THIS SPACE			
		01182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 47-0854082	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLETTE, EDWARD C III 6147 SW 152ND ST. VILLAGE OF PALMETTO BAY, FL 33157-2644		DO NOT WRITE IN THIS SPACE	
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 obligation of the registered agent.			
SIGNATURE 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000192906 01/25/05-80034-006 163.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLETTE, EDWARD C III 6147 SW 152ND ST. VILLAGE OF PALMETTO BAY, FL 331572644	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GILLETTE, MARTA E 6147 SW 152ND ST. VILLAGE OF PALMETTO BAY, FL 331572644		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE 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 afforwer like empowered.			
SIGNATURE: 		01/21/05 305 238 7105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	