2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/24/2006-90064-009-$550.00-$550.00

DOCUMENT # P01000119030

1. Entity Name
FLORIDA REAL ESTATE FRIENDS INC.

FILED
06 SEP 15 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1520 KILLEARN CENTER BLVD STE 100 TALLAHASSEE, FL 32309	1520 KILLEARN CENTER BLVD STE 100 TALLAHASSEE, FL 32309

07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1006723
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERS, REBEKAH
414 SUMMERBROOK DR
TALLAHASSEE, FL 32312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	P Owner
NAME	RIVERS, REBEKAH
STREET ADDRESS	414 SUMMERBROOK DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	Gene Rivers Owner
STREET ADDRESS	414 Summerbrooke Dr.
CITY-ST-ZIP	Tallahassee, FL. 32312
TITLE	-
NAME	Joy Woodruff Broker
STREET ADDRESS	1520 Killearn Center Blvd.
CITY-ST-ZIP	Tallahassee, FL. 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 9/15