

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000119030 1. Entity Name FLORIDA REAL ESTATE FRIENDS INC.	
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Principal Place of Business 1520 KILLEARN CENTER BLVD STE 100 TALLAHASSEE, FL 32309	Mailing Address 1520 KILLEARN CENTER BLVD STE 100 TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

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

**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 obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POWN RIVERS, REBEKAH 414 SUMMERBROOK DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWN RIVERS, GENE 414 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRKR WOODRUFF, JOY 1520 KILLEARN CENTER BLVD STE 100 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 850-509-7900
Date Daytime Phone #