

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90114 014 ***150.00

DOCUMENT # P02000001949 1. Entity Name METROPOLIS SHORES REALTY, INC.			
Principal Place of Business 5610 SOUTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408		Mailing Address 5610 SOUTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408	
2. Principal Place of Business 8730 Thomas Dr. Suite, Apt. #, etc. Ste B		3. Mailing Address P.O. Box 9022 Suite, Apt. #, etc.	
City & State Panama City Beach FL		City & State Panama City Beach FL	
Zip FL 32407		Zip 32417	
Country USA		Country USA	
4. FEI Number 95-4893187		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 MODZEL, JOE 7222 SOUTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u>Joseph Modzel V. Pres.</u> 3-7-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WRAY, JOHN T P.O. BOX 18682 PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MODZEL, JOE 7222 SOUTH LAGOON DRIVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joseph Modzel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-7-05</u> Daytime Phone # <u>850 233 9733</u>	