

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90020 010 ***150.00

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1. Entity Name
ALBAR REALTY, INC.



Principal Place of Business
**14050 US HIGHWAY ONE
JUNO BEACH, FL 33408**

Mailing Address
**14050 US HIGHWAY ONE
JUNO BEACH, FL 33408**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0698929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHACKLETON, ALBERT
14050 US HWY ONE
NORTH PALM BEACH, FL 33408**

**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]* *RES* *2/2/08*
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHACKLETON, ALBERT
STREET ADDRESS	14050 US HIGHWAY ONE
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	STD
NAME	SHACKLETON, CLAYTON
STREET ADDRESS	14050 US HIGHWAY ONE
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	VP
NAME	SHACKLETON BARBARA
STREET ADDRESS	4600 N OCEAN DR
CITY-ST-ZIP	SINGER ISLAND FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.