## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000063773

1. Entity Name



**FILED** Feb 10, 2005 08:00 AM Secretary of State

DIGGLE REALTY, INC.

Principal Place of Business

Mailing Address

4521 PGA BOULEVARD #386 PALM BEACH GARDENS, FL 33418

4521 PGA BOULEVARD #386 PALM BEACH GARDENS, FL 33418



01162005

No Chg-P

CR2E034 (10/03)

4. FEI Number 03-0457627

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIGGLE, RAYMOND H JR.

4521 PGA BOULEVARD #386 PALM BEACH GARDENS, FL 33418

## DO NOT WRITE IN THIS SPACE

8. The about the obii	ove named entity submits this statement for the partitions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	th, In the State of Florida. I am familiar with, and accept
SIGNATUF	RE	If applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	U00000224099 02/10/05-80068-025 150.00
10.	OFFICERS AND DIRECTORS				
TITLE	D				

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	DIGGLE, RAYMOND H JR.	
STREET ADDRESS	4521 PGA BOULEVARD #386	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	· · · · · -
TITLE	D	
NAME	DIGGLE, MARTHA R	
STREET ADDRESS	4521 PGA BOULEVARD #386	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP