

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000068239

1. Entity Name
DOLPHIN REALTY, INC.



Principal Place of Business
**202 APOLLO BCH BLVD.
APOLLO BCH, FL 33572**

Mailing Address
**202 APOLLO BCH BLVD.
APOLLO BCH, FL 33572**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 75-3068406	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLAHR, HAGEN
202 APOLLO BCH BLVD.
APOLLO BCH, FL 33572**

**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 the fees cable

(NOTE: Registered Agent signature required under the statute)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD BARRON, CHARLES D PO BOX 155 SHIRLEY, AR 72153
TITLE NAME STREET ADDRESS CITY ST ZIP	DM CUNNEEN, EDWARD 6319 COCOA LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY ST ZIP	VST BURRESS, JEANNE 6325 BALBOA LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY ST ZIP	
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01/10/05-80089-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Jeanne Burress*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2005 *813-645-8495*
DATE DAY-MON-YEAR