2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000100058 1. Entity Name 03-18-2005 90043 009 ***150.00 MACANTHONY REALTY FLORIDA, INC. Mailing Address Principal Place of Business 2901 PARKWAY BLVD 2901 PARKWAY BLVD SUITE A-4 '-**SUITE A-4** Blue St. KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 3. Mailing Address 14851 S. Apopka Vinelana R 2. Principal Place of Business 14851 S. Apopka Vineland 03032005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State State 1an 82-0566975 Not Applicable Gauntry Orange \$8.75 Additional 5. Certificate of Status Desired C. | Orange | 228 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name MACANTHONY, AUSTIN Street Address (P.O. Box Number is Not Acceptable) 1+851 S. APOPKA VIDICIANA 2901 PARKWAY BLVD., STE A-4 KISSIMMEE, FL 34747 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE. Channe Addition ☐ Delete MACANTHONY, AUSTIN NAME 2901 PARKWAY BLVD., STE A-4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34747 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY ST. ZP. CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 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.

FILED

Mar 18, 2005 8:00 am