

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90018 022 \*\*\*150.00

**DOCUMENT # P02000117238**  
 1. Entity Name  
**MICHAEL-WYNTER REALTY, INC.**

Principal Place of Business  
**11210 MONUMENT LANDING BLVD**  
**JACKSONVILLE, FL 32225**

Mailing Address  
**Michael-Wynter Realty, Inc.**  
**11210 MONUMENT LANDING BLVD**  
**JACKSONVILLE, FL 32225**

904.962.4807 • 904.923.6288 • 465jaxfl@comcast.net  
 904.923.6288 • 465jaxfl@comcast.net  
 904.998.9754

05042005 Chg-P CR2E034 (10/03)



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

4. FEI Number  
**02-0650493**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**INCORPORATE USA, INC.**  
**3150 SANDY RIDGE DR**  
**CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WYNTER, DAVE A	
STREET ADDRESS	7759 SHELTER WOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	V	<input type="checkbox"/> Delete
NAME	MICHAEL, ROBERT JR	
STREET ADDRESS	11210 MONUMENT LANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	S	<input type="checkbox"/> Delete
NAME	WYNTER, TAMMIE S	
STREET ADDRESS	7759 SHELTER WOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHAEL, KIYAN H	
STREET ADDRESS	11210 MONUMENT LANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Robert Michael Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-05 (904) 923-6288  
 Date Daytime Phone #