

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90013 047 ***150.00

DOCUMENT # P02000124047

1. Entity Name
DERRICK REAL ESTATE GROUP, INC.



Principal Place of Business

1901 SOUTH HARBOUR CITY BLVD., STE. 618
MELBOURNE, FL 32901

Mailing Address

1901 SOUTH HARBOUR CITY BLVD., STE. 618
MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
45-0490757

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DERRICK, D. MICHAEL
1901 SOUTH HARBOUR CITY BLVD., STE. 618
MELBOURNE, FL 32901

**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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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: **D**
NAME: **DERRICK, D. MICHAEL**
STREET ADDRESS: **1901 SOUTH HARBOUR CITY BLVD., STE. 618**
CITY-ST-ZIP: **MELBOURNE, FL 32901**

TITLE: **D**
NAME: **DERRICK, NATALIE A**
STREET ADDRESS: **1901 SOUTH HARBOUR CITY BLVD., STE. 618**
CITY-ST-ZIP: **MELBOURNE, FL 32901**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05
Date

321-768-1999
Daytime Phone #