

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90030 031 ***150.00

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DOCUMENT # P02000131464 1. Entity Name DOWN PAYMENT ASSISTANCE REALTY, INC.			
Principal Place of Business 1714 THE OAKS BLVD KISSIMMEE, FL 34746		Mailing Address 1714 THE OAKS BLVD KISSIMMEE, FL 34746	
2. Principal Place of Business 3265 HAWKS NEST DR Suite, Apt. #, etc.		3. Mailing Address 3265 HAWKS NEST DR Suite, Apt. #, etc.	
City & State KISSIMMEE, FL Zip 34741 Country OSCEOLA		City & State KISSIMMEE, FL Zip 34741 Country OSCEOLA	
4. FEI Number 56-2343763		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, CHARLES M 1714 THE OAKS BLVD KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name MAHONEY, CHARLES M. Street Address (P.O. Box Number is Not Acceptable) 3265 HAWKS NEST DRIVE City KISSIMMEE FL Zip Code 34741	
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 <u>Charles M. Mahoney</u> CHARLES M. MAHONEY DATE 1-6-05 <small>Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ~ NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, CHARLES M 1714 THE OAKS BLVD KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, CHARLES M. 3265 HAWKS NEST DR. KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GLENDA 3265 HAWKS NEST DR KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GLENDA 3265 HAWKS NEST DR. KISSIMMEE, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles M. Mahoney</u> CHARLES M. MAHONEY DATE 1-6-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daytime Phone # 321-286-0110	