

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90005 002 ***150.00

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| DOCUMENT # P03000011036 1. Entity Name MACKLIN REALTY, INC. | | | | | |
| Principal Place of Business 2826 TAMiami TRAIL 1 PORT CHARLOTTE, FL 33952 | | | Mailing Address 2826 TAMiami TRAIL 1 PORT CHARLOTTE, FL 33952 | | |
| 2. Principal Place of Business - No P.O. Box # 26517 VA/PARAISO DR Suite, Apt. #, etc. | | 3. Mailing Address 3821-B TAMiami TR Suite, Apt. #, etc. #316 | | | |
| City & State PUNYA GORDA FL | | City & State PORT CHARLOTTE FL | | 4. FEI Number 14-1869060 | |
| Zip 33983 | | Country CHARLOTTE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33952 | | Country CHARLOTTE | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| Name LINDA S MACKLIN | | | Name LINDA S MACKLIN | | |
| Street Address (P.O. Box Number is Not Acceptable) 26517 VA/PARAISO DR | | | Street Address (P.O. Box Number is Not Acceptable) 26517 VA/PARAISO DR | | |
| City PUNYA GORDA | | | City PUNYA GORDA | | |
| State FL | | | State FL | | |
| Zip 33983 | | | Zip 33983 | | |
| 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>Linda S. Macklin</u> <u>LINDA S. MACKLIN</u> <u>9/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Linda S. Macklin</u> <u>LINDA S MACKLIN</u> <u>9/1/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |