2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P03000037087 DOLPHIN REALTY & ASSOCIATES, INC. Principal Place of Business Mailing Address **60 SEAGATE BLVD** 60 SEAGATE BLVD KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 30-0163092 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, JIMMY Street Address (P.O. Box Number is Not Acceptable) **60 SEAGATE BLVD** KEY LARGO FL 33037 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 Signature, typed or printed name of registered agent and lide if applicable (NOTE Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete nneTITLE ☐ Change Additio Un0000357156 NAME WILSON, JIMMY NAME **60 SEAGATE BLVD** STREET ADDRESS US/U4/05-80062-016 150.00 STREET ADDRESS CITY-ST-ZIF KEY LARGO FL 33037 CITY-ST-ZIP Change Admin TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-51-71P CiTY: ST- 7IP THILE Delete TITLE Change Acidiii NAME NAME STREET ADDIGESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 1111 F Delete TITLE ☐ Change Addiii NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ☐ A₁ ···· ☐ Delete TITLE DILLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ ^ · · · · Delete TITLE Change HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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 directed the corporation or the receiver or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytme Phone #