

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042430

1. Entity Name  
THE REAL ESTATE PARKING COMPANY



FILED

05 MAR -1 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

100 WALLACE AVE.  
SUITE 100  
SARASOTA, FL 34237

Mailing Address

100 WALLACE AVE.  
SUITE 100  
SARASOTA, FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005

Chg-P

CR2E034 (10/03)

4. FEI Number

14-1880721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

5. Name and Address of Current Registered Agent

BONE, DAVID D  
100 WALLACE AVE.  
SUITE 100  
SARASOTA, FL 34237

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 BONE, DAVID D ☐ Delete  
STREET ADDRESS 100 WALLACE AVE. SUITE 100  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE V  
NAME SCHWAB, GLORIA J ☐ Delete  
STREET ADDRESS 100 WALLACE AVENUE STE 100  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE ST  
NAME BONE, CAROL A ☐ Delete  
STREET ADDRESS 100 WALLACE AVENUE STE 100  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 400048028034  
STREET ADDRESS 03/09/05--01009--004 \*\*950.00  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME Rachel M. Wolf  
STREET ADDRESS 100 Wallace Ave, STE 100  
CITY-ST-ZIP Sarasota, FL 34237

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME Karen L. Wend  
STREET ADDRESS 100 Wallace ave, STE 100  
CITY-ST-ZIP Sarasota, FL 34237

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 941-954-8405

Daytime Phone #