2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044464

1. Entity Name
FARNAN REALTY, INC.

FILED

Jan 10, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
5 WALNUT COURT ORMOND BEACH, FL 32174	5 WALNUT COURT ORMOND BEACH, FL 32174

01082005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2046398	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARNAN, WILLIAM J
5 WALNUT COURT
ORMOND BEACH, FL 32174

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	P
NAME	FARNAN, WILLIAM J
STREET ADDRESS	5 WALNUT COURT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	ST
NAME	FARNAN, EVELYN
STREET ADDRESS	5 WALNUT COURT
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80043-023 150.00

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: _Evelyn Farnan_   EVELYN FARNAN   1-8-05   386-677-0121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #