


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000055441**  
 1. Entity Name  
**CAROLYN THOMAS REALTY, INC.**



Principal Place of Business      Mailing Address  
 198 7TH ST - SUITE 2      PO BOX 267  
 MOORE HAVEN, FL 33471      MOORE HAVEN, FL 33471-0267

**DO NOT WRITE IN THIS SPACE**



01262005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 56-2354843      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 THOMAS, CAROLYN J  
 198 7TH ST - SUITE 2  
 MOORE HAVEN, FL 33471

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	THOMAS, CAROLYN J
STREET ADDRESS	198 7TH ST - SUITE 2
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	D
NAME	VANWIJCK, MARYLEE
STREET ADDRESS	198 7TH ST - SUITE 2
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/29/05-80041-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marylee Vanwijck      Date: 1/26/05      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR