


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90306 011 ***150.00

| | |
|---|---|
| DOCUMENT # P03000066022 1. Entity Name AMERICAN OWNERS REALTY, INC. |  |
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|--|--|
| Principal Place of Business 4586 HALIFAX DRIVE PORT ORANGE, FL 32127 | Mailing Address 4586 HALIFAX DRIVE PORT ORANGE, FL 32127 |
|--|--|

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20038890



01232005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 58-2673396 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

CHAMARRE-MYERS, CHANTAL
 4586 HALIFAX DRIVE
 PORT ORANGE, FL 32127

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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 _____ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP | PD CHAMARRE-MYERS, CHANTAL 4586 HALIFAX DRIVE PORT ORANGE, FL 32127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAURENT, GILBERT 4586 HALIFAX DRIVE PORT ORANGE, FL 32127 |
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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)(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: Chantal Myers CHANTAL MYERS 04/15/05 (386) 988-5586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #