



FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000101294 1. Entity Name 485 E. DONEGAN AVE. REALTY INC.				Secretary of State	
Principal Place of Business 485 E. DONEGAN AVE. KISSIMMEE, FL 34744		Mailing Address 485 E. DONEGAN AVE. KISSIMMEE, FL 34744			
<div>DO NOT WRITE IN THIS SPACE</div>					
				01132005 No Chg-P CR2E034 (10/03)	
4. FEI Number 90-0127224				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 DARK, GARY 485 E. DONEGAN AVE. KISSIMMEE, FL 34744			<div>DO NOT WRITE IN THIS SPACE</div>		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			<div>DO NOT WRITE IN THIS SPACE</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD DARK, GARY 485 E. DONEGAN AVE. KISSIMMEE, FL 34744			
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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: 		GARY DARK		11/17/05 407-4055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	