

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106188

Entity Name: CANNON REALTY, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

1215 CASTLE PORT RD.  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

## Current Mailing Address:

1215 CASTLE PORT RD.  
WINTER GARDEN, FL 34787

## New Mailing Address:

FEI Number: 20-0258151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMPRASHAD, GOITREE  
1215 CASTLE PORT RD.  
WINTER GARDEN, FL 34787 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAMPRASHAD, GOITREE  
Address: 1215 CASTLE PORT RD.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: RAMPRASHAD, LATCHMAN P  
Address: 1215 CASTLE PORT RD.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: RAMPRASHAD, GAILAL P  
Address: 1215 CASTLE PORT RD.  
City-St-Zip: WINTER GARDEN, FL 34787

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOITREE RAMPRASHAD

D

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date