## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2005 8:00 am**
**Secretary of State**

04-11-2005 90149 008 ***150.00

**DOCUMENT # P03000122484**

1. Entity Name
S & D REALTY EXCHANGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7040 SOUTH A1A HIGHWAY | 7040 SOUTH A1A HIGHWAY |
| MELBOURNE BEACH, FL 32951 | MELBOURNE BEACH, FL 32951 |

**DO NOT WRITE IN THIS SPACE**

01192005    No Chg-P    CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 51-0489498 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

BASH, JOSHUA D
20801 BISCAYNE BOULEVARD
SUITE 304
AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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.
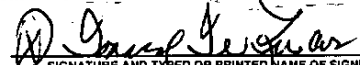
SIGNATURE_____

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 | PST |
|---|---|
| NAME | DELUCAS, DONALD |
| STREET ADDRESS | ~~7040 SOUTH A1A HIGHWAY~~ |
| CITY-ST-ZIP | ~~MELBOURNE BEACH, FL 32951~~ |

| TITLE | PST |
|---|---|
| NAME | DELUCAS DONAld |
| STREET ADDRESS | 2299 SARNO Rd. STE.A |
| CITY-ST-ZIP | MElBouRUE, Fl 32935 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
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| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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: _____ President 01/19/05 (321)223-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #