

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90029 041 ***150.00

DOCUMENT # P04000002829

1. Entity Name

LITTLEJOHN REALTY, INC.



Principal Place of Business

3410 POSEIDON WAY
INDIALANTIC FL 32903
US

Mailing Address

3410 POSEIDON WAY
INDIALANTIC FL 32903
US

2. Principal Place of Business

1010 Osprey Dr.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32940

Country

US

3. Mailing Address

P.O. Box 410908

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32941

Country

US



1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0667517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPILIOS, GUS C JR.
2915 SUMMER SWAN DR.
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LITTLEJOHN, RUTH
STREET ADDRESS 3410 POSEIDON WAY
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Littlejohn, Ruth ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 410908
CITY-ST-ZIP Melbourne, FL 32941

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ruth Littlejohn

9 February 2006