


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90039 015 ***158.75

DOCUMENT # P04000054628	
1. Entity Name CERENITY BY THE SEA REALTY, INC.	

Principal Place of Business 136 S HOLIDAY RD SUITE D DESTIN FL 32550	Mailing Address 136 S HOLIDAY RD SUITE D DESTIN FL 32550
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2. Principal Place of Business 136 S. Holiday Rd.	3. Mailing Address 136 S. Holiday Rd.
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State MIRAMAR BEACH	City & State MIRAMAR BEACH
Zip 32550	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 06-1723948	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SOLECKI, CERENNA 155 MISTY COVE #103 DESTIN FL 32550	7. Name and Address of New Registered Agent Name Solccki, Cerenna Street Address (P.O. Box Number is Not Acceptable) 84 Batchelor's Button Dr. City MIRAMAR BEACH FL Zip Code 32550
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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 *Cerenna Solecki* **4-3-06** DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLECKI, CERENNA 155 MISTY COVE #103 DESTIN FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cerenna Solecki* **4-3-06** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR