

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL

07-05-2005 96117 016 ***150.00
P04000059280

05 JUL 18 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000059280

1. Entity Name
CCA REALTY, INC.



Principal Place of Business
848 BALD EAGLE DR.
MARCO ISLAND, FL 34145

Mailing Address
848 BALD EAGLE DR.
MARCO ISLAND, FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06292005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-2130068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, EDMOND G
950 N. COLLIER BLVD.
SUITE 204
MARCO ISLAND, FL 34145

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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	LILLY, FLOYD E SR.	
STREET ADDRESS	343 N. BARFIELD DR.	
CITY-STATE-ZIP	MARCO ISLAND, FL 34145	
TITLE	VS	☐ Delete
NAME	LILLY, DONNA L	
STREET ADDRESS	343 N. BARFIELD DR.	
CITY-STATE-ZIP	MARCO ISLAND, FL 34145	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	→ 848 BALD EAGLE DR.
CITY-STATE-ZIP	
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	→ 848 BALD EAGLE DR.
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 another like empowered.

SIGNATURE:

Donna L. Lilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #