

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 010 ***150.00

DOCUMENT # P04000066684	
1. Entity Name MY FLORIDA REALTY COMPANY	

Principal Place of Business 6400 MANATEE AVENUE WEST SUITE L-125 BRADENTON, FL 34209	Mailing Address 6400 MANATEE AVENUE WEST SUITE L-125 BRADENTON, FL 34209
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66004866



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1000708	Applied For ☐ No: Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELDRIDGE, FRANK L 6400 MANATEE AVENUE WEST SUITE L-125 BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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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.

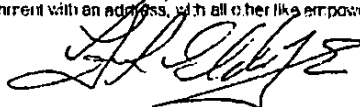
SIGNATURE _____

Signature typed or printed name of registered agent is not to be typed back. (NOTE: Newly elected agent is not required to sign this form.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
NAME ELDRIDGE, FRANK L	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS 6400 MANATEE AVENUE WEST, SUITE L-125		STREET ADDRESS	
CITY-STATE-ZIP BRADENTON, FL 34209		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
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CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		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)(b), 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. 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: 

211-05