## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 23, 2005 8:00 am Secretary of State **DOCUMENT # P04000077444** 05-23-2005 90006 026 \*\*\*158.75 **CUNNINGHAM & ASSOCIATES REALTY, INC.** Principal Place of Business Mailing Address 2848 5TH AVE NORTH 2848 5TH AVE NORTH ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address 2848 9848 Suite, Apt. #, etc. Suite, Apt. #, etc 05192005 CR2E034 (10/03) Cho-P 4. FEI Number City & State Applied For 57-1206353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent hrat Cunningham CUNNINGHAM, DEBRA E (P.O. Box Number is Not Acceptable) らたれ みして N 2848 5TH AVE NORTH ST PETERSBURG, FL 33713 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ★ Addition πne TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-7IP

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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.

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