

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000099703

1. Entity Name
FIRST BASE REALTY, INC.



Principal Place of Business
1430 NW 21 ST
CRYSTAL RIVER, FL 34428 US

Mailing Address
1430 NW 21 ST
CRYSTAL RIVER, FL 34428 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1321336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCHINGLER, CATHY S~~
439 GOLDEN RIVER DRIVE
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name CATHY H SHINGLER

Street Address (P.O. Box Number is Not Acceptable)
1430 NW 21 ST

City CRYSTAL RIVER FL Zip Code 34428

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 Cathy H. Shingler P.S.O. DATE 5/4/06

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ~~SCHINGLER, CATHY S~~
STREET ADDRESS 439 GOLDEN RIVER DRIVE
CITY - ST - ZIP WEST PALM BEACH, FL 33411

TITLE DV ☐ Delete
NAME DAVIS, MARGARET A
STREET ADDRESS 310 DONIPHAN DRIVE
CITY - ST - ZIP PORT CHARLOTTE, FL 33954

TITLE S ☒ Delete
NAME DAVIS, MARGARET A
STREET ADDRESS 310 DONIPHAN DRIVE
CITY - ST - ZIP PORT CHARLOTTE, FL 339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, S, D ☒ Change ☐ Addition
NAME SHINGLER, CATHY H
STREET ADDRESS 1430 NW 21 ST
CITY - ST - ZIP CRYSTAL RIVER FL 34428

TITLE 100075553 ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP 05/31/06--01023--017 **\$61.25

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Cathy H. Shingler P.S.O. DATE 5/4/06 DAYTIME PHONE # 561-385-9663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
06 MAY 16 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

