2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED Jun 21, 2005 8:00 am Secretary of State

1. Entity Name MEG BRANTLEY REAL ESTATE, INC.								06-02-2005 90003 019 ***150.00				
Principal Place of Business Mailing Address							_					
2601 COTUIT LANE TALLAHASSEE FL 32309				2601 COTUIT LANE TALLAHASSEE FL 32309								
2. Principal Place of Business			3, Mai	3. Mailing Address				litaa) in seva erse dûnk da	ITA BUIDA VISTO CUBI	s esteste freize fêrm et	ITITAL O SETE	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				MOORE	CR2E034	(10/04)		
City & State			City	City & State			4. FEI Number Applied For Not Applicable					
Zip	Country		Zip	Zip		itry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require		
6. Name and Address of Current F				d Agent	7. Name and Address of New Registered Agent Name							
BRANTLEY, MARGARET G 2601 COTUIT LANE				, . -		Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32309				•							-	
				•		City	·- · · · · · · · · · · · · · · · · · ·		FI	Zip Cot	te	
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 contact name of registered again and tide if applicable (NOTE Registered Again signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						,		9. Election Cam Trust Fund Co			.00 May Be ed to Fees	
10.	······	OFFICERS AN	D DIRECTO	RS	11.		ADDITIONS	ICHANGES TO OF	FICERS AN	DDIRECTOR	SINTI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 COT	Y, MARGARET G UIT LANE SSEE FL 32309		☐ Defete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 COT	/, MARGARET G UIT LANE SSEE FL 32309		☐ Delete		F			,	☐ Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1	,			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defate		i i				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
NTLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby	certify that th	e information supplied w	ith this filing	Delete	the exe	EET ADDRESS S1-ZIP Imption stated in S	Section 119.07/3	(ii), Florida Statutes	s. I further ce	Change	Addition Addition	
indicated of the co	d on this repo rporation or t	rt or supplemental report the receiver or trustee em achment with an address	is true and powered to	eccurate and that it execute this report	ny signa as requ	ture shall have the	e same legal effe	ict as if made unde	roath; that I	am an officer	r or director	