

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/24/2005-90054-006-\$150.00-\$150.00

<b>DOCUMENT # P04000165722</b> 1. Entity Name <b>FLORIDA REALTY RESOURCES, INC.</b>						<b>FILED</b> 05 SEP 28 AM 10:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7035 PHILLIPS HWY STE 9 JACKSONVILLE, FL 32216</b>				Mailing Address <b>7035 PHILLIPS HWY STE 9 JACKSONVILLE, FL 32216</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		07132005 Chg-P CR2E034 (10/03)			
4. FEI Number <b>74-313-5886</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BARKER &amp; BARKER, P.A. 4244 ST. JOHNS AVE JACKSONVILLE, FL 32210</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D KINYON, BETTY <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	7034 PICKETTVILLE ROAD			NAME			
STREET ADDRESS	JACKSONVILLE, FL 32220			STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	D GAMEZ, CARLOS M <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	8118 VIRGO STREET			NAME			
STREET ADDRESS	JACKSONVILLE, FL 32218			STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - 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 all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>8-22-05</b> <span style="float: right;">725-4000</span> <small>Daytime Phone #</small>			