

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 050 ***150.00

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|---|---|---------------------------------|---|--|------------------------------------|
| DOCUMENT # P05000044388 1. Entity Name TEAM REAL ESTATE OF OCALA, INC. | | | | | |
| Principal Place of Business 6148 SW SR #200 OCALA, FL 34476 | | | Mailing Address 6148 SW SR #200 OCALA, FL 34476 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 11-3746092 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent KRAUTKREMER, WILLIAM 6148 SW SR #200 OCALA, FL 34476 | | | | 7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City | |
| 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 reinstating)</small> | | | | DATE _____ | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | |
| \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KRAUTKREMER, WILLIAM 5400 SW COLLEGE RD - SUITE 302 BOX 141 OCALA, FL 34474 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 6148 SW SR #200 Ocala, FL 34476 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD EADS, JOANNE 5400 SW COLLEGE RD - SUITE 302 BOX 141 OCALA, FL 34474 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 6148 SW SR #200 Ocala, FL 34476 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TSD VARGO, ROBERT 5400 SW COLLEGE RD - SUITE 302 BOX 141 OCALA, FL 34474 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 6148 SW SR #200 Ocala, FL 34476 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE 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: <u>William C. Krautkremer</u> 1-30-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> William Krautkremer, Dir/Pres. | | | | | |