2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000044388 TEAM REAL ESTATE OF OCALA, INC.



FILED Feb 16, 2007 08:00 AM **Secretary of State**

Principal Place of Business 6148 SW SR #200 OCALA, FL 34476

Mailing Address

6148 SW SR #200 OCALA, FL 34476



02152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 11-3746092 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUTKREMER, WILLIAM

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48 SW SR #200 CALA, FL 34476		IN THIS SPACE		
	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered.)			gent signature required when reinstating) DATE	
	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				<u> </u>
PD KRAUTKREMER, WILLIAM 6148 SW SR #200 OCALA, FL 34476	·			
VD EADS, JOANNE 6148 SW SR #200 OCALA, FL 34476				U00000638142 02/27/07-80019-002 150.00
TSD VARGO, ROBERT 6148 SW SR # 200			DO	NOT WRITE
, t	c named entity submits this statement for the ptions of registered agent. Signeture, typed or printed name of registered agent and title in the p	named entity submits this statement for the purpose of changing its registered tions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.	named entity submits this statement for the purpose of changing its registered office or named entity submits this statement for the purpose of changing its registered office or named in the purpose of changing its registered office or named its purpose of changing its registered of changing	IN on named entity submits this statement for the purpose of changing its registered office or registered agent, or betions of registered agent. Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) E NOWILL FEE IS \$150.00 BY 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PD KRAUTKREMER, WILLIAM 6148 SW SR #200 OCALA, FL 34476 VD EADS, JOANNE 6148 SW SR #200 OCALA, FL 34476 TSD VARGO, ROBERT 6148 SW SR # 200

IN THIS SPACE

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.

William C. Krouthremer res. 2-15-01

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP