## 2006 FOR PROFIT CORPORATION

## Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT 04-03-2006 90361 017 \*\*\*150.00 DOCUMENT # P05000046617 D & R SOUTH REALTY INC 40044014 Principal Place of Business Mailing Address 4555 KINGSVILLE DRIVE 4555 KINGSVILLE DRIVE COCOA, FL 32927 COCOA, FL 32927 2. Principal Place of Business 3. Mailing Address STREET 4070 DAKLAND STREET 4070 OAKLAND Suite, Apt. #, etc Suite, Apt. #, etc. 01032006 CR2E034 (11/05) 4. FEI Number 20 - 259 City & State Applied For City & State FL OCOA Not Applicable OCOA Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENUTI, LOUIS Street Address (P.O. Box Number is Not Acceptable) 400 ORANGE STREET TITUSVILLE, FL 32796 Zìp Code City FL 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 printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE FORKEL, DANIEL C NAME NAME 4070 OAKLAND ST 4555 KINGSVILLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA, FL 32927 Change ☐ Delete TITLE ☐ Addition FORKEL, RAYMOND J NAME NAME 4010 OAKLAND ST STREET ADDRESS 4555 KINGSVILLE DRIVE STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 CITY - ST- 71P A Change ☐ Addition ☐ Delete HILL TITLE FORKEL, MARILOU NAME NAME OAKLAND ST 4555 KINGSVILLE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA, FL 32927 **™** Change Addition ☐ Delete TITLE NAME FORKEL, DELIA NAME DAKLAND ST STREET ADDRESS STREET ADDRESS 4555 KINGSVILLE DRIVE COCOA, FL 32927 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 eath; 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.

TYPED OR PRINTED NAM

SIGNATURE A

SIGNATURE:

DANIEL C FORKEL

321-633-664

FILED