

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

01-04-2007 90027 004 \*\*\*\*61.25

02-16-2007 90024 005 \*\*\*\*97.50

DOCUMENT # P05000054442

1. Entity Name  
AMERICAN REALTY OF NORTHEAST FLORIDA, INC.



Principal Place of Business  
#1 ENTERPRISE DR.  
UNIT # 9  
PALM COAST, FL 32110

Mailing Address  
P.O BOX 350122  
PALM COAST, FL 32135

2. Principal Place of Business - No P.O. Box #

112 Oak Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

City & State

Zip

32136

Country

USA

Zip

Country

01032007

Chg-P

CR2E034 (12/06)

4. FEI Number

03-0559103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, JOHN J  
#29 COLLINGTON CT.  
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MULLEN, JOHN J  
STREET ADDRESS P.O. BOX 320122  
CITY-ST-ZIP PALM COAST, FL 32135

TITLE VP ☐ Delete  
NAME MULLEN, BRIAN C  
STREET ADDRESS P. O. BOX 927  
CITY-ST-ZIP FLAGLER BEACH, FL 32135

TITLE SEC ☐ Delete  
NAME MULLEN, JOHN J  
STREET ADDRESS P.O. BOX 350122  
CITY-ST-ZIP PALM COAST, FL 32135

TITLE TRES ☐ Delete  
NAME MULLEN, JOHN J  
STREET ADDRESS P.O. BOX 350122  
CITY-ST-ZIP PALM COAST, FL 32135

TITLE V ☒ Delete  
NAME HORTON, GEORGE  
STREET ADDRESS 50 COOPER LN  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS DYER, DONALD  
CITY-ST-ZIP 112 OAK STREET  
FLAGLER BEACH, FL 32136

TITLE ☐ Change ☐ Addition  
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:

*Brian C. Mullen* V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07 (386) 931-4194

Date Daytime Phone #