2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State DOCUMENT # P05000070063 05-04-2006 90217 002 ***150.00 1. Entity Name GAINESVILLE REALTY & DEVELOPMENT, INC. Principal Place of Business Mailing Address 1410 NW 13TH STREET STE 9 GAINESVILLE FL 32601 1410 NW 13TH STREET STE 9 **GAINESVILLE FL 32601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-2873686 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEMA, RONALD J Street Address (P.O. Box Number is Not Acceptable) 1410 NW 13TH STREET STE 9 GAINESVILLE FL 32601 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHEMA, RONALD I 1410 NW 13TH ST. STEG SHEMA, RONALD J NAME NAME STREET ADDRESS 1410 NW 13TH STREET STE 9 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP GAINESVILLE, PL 32601 TITLE ☐ Delete ☐ Change ☐ Addition SHEMA RONALD IT. NAME NAME STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32601 CITY-ST-ZIP CITY-ST-ZIP JIILE ☐ Dolote TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

1 Conalo J. Shoma

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:/_/

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18.06

352 376 4608

Daytime Phone #

FILED